



American Payroll and Benefits I, LLC
PO Box 189 Ocala, FL 34478
Phone: 352-624-1999 Fax: 352-342-9356

AUTHORIZATION FOR MEDICAL RECORDS/REPORTS

Re: Employee: _____

Employer: _____

S.S. Number: _____

Authorization Date: _____

Date of Birth: _____

Claim Number: _____

MEDICAL REPORTS AND RECORDS

This or any photocopy will authorize any physician who has treated me or examined me or who may hereafter treat me or examine me or any hospital in which I have been treated or examined or may in the future be treated or examined or any third party in possession of records related to medical treatment to furnish the bearer with a full report regarding my physical condition and allow the bearer to examine and obtain copies of all of the hospital records and reports.

Signed

Date