Understanding Benefits. Resolving Bills. Advocating for You.

Provider and insurance contact authorization

List the providers, hospitals, billing offices, and insurance companies that Coastal Healthcare Advocates is authorized to contact on your behalf regarding the matters described in your intake form.

01 Client information

Client full name

Date of birth MM/DD/YYYY

02 Providers and insurance companies to contact

Provider / insurance company name	Phone number	Account or policy number	Contact person / department

03 Authorization

I authorize each provider, facility, billing office, and insurance company listed above to release relevant billing, claims, and account information to Coastal Healthcare Advocates and to discuss my account with Lindsey Hewitt or other authorized representatives of Coastal Healthcare Advocates for the purpose of resolving the matters described in my intake form.

I understand this authorization works together with, and does not replace, the HIPAA Authorization included in this packet.

04 Signature

Client signature

Date MM/DD/YYYY