

MICHIGAN MEDICINE
Revenue Cycle Mid Service (HIM)
Release of Information (ROI) Unit
3621 S. State Street 700 KMS Place
Bay 11 - Mid Service
Ann Arbor MI 48108-1633
Phone: (734) 936-5490
Fax: (734) 936-8571

Affidavit of Heir or Life Insurance Beneficiary Requesting Medical Records

Life Insurance Policy Beneficiary

B. I am a beneficiary of the Deceased Patient's life insurance policy. I attest that I need a copy of the Deceased Patient's medical record for the purpose of providing documentation to the life insurer that is examining my claim for benefits under the life insurance policy. I have provided the following to verify my identity:

1. Copy of the Certificate of Coverage listing me as named beneficiary or category of beneficiary
2. Copy of my driver's license or state ID

I attest that all of the above statements are true to the best of my knowledge.

Signature of requestor

Print Name of requestor

Subscribed and sworn to before me this _____ day of _____ (month), _____ (year).

_____, Notary Public
_____ County, State of Michigan
Acting in _____ County, Michigan
My commission expires: _____

Complete only if requestor signs by use of a mark:

Printed name of witness

Signature of witness

Date (mm/dd/yyyy)

Printed name of witness

Signature of witness

Date (mm/dd/yyyy)

UMHS has verified the identification of _____ (requestor's name)

by _____ (type of verification, e.g., driver's license or state ID)

Verification completed by (Employee name and signature)

Date (mm/dd/yyyy)