LINECO
LINE CONSTRUCTION BENEFIT FUND

Member:
Member ID:
Patient Name:

LINECO Member:

In order for benefits to be determined LINECO requires additional information from your provider(s) of service.

The provider(s) require an authorization for release of the information requested by LINECO. Please complete the authorization below and return by Fax 630-916-7698 or mail to: LINECO 821 Parkview Blvd Lombard IL 60148-3230.

Authorization to Release Information

I hereby authorize any hospital, physician or other person who has attended or examined me or my dependents, to disclose, only upon request by Line Construction Benefit Fund (LINECO) or its representatives any and all information related to any illness or injury including but not limited to: medical history, consultation, treatment, prescriptions and copies of all hospital or medical records.

_____ _____

(Date) (Patient, or Parent /Guardian of a Minor Child)

Best Regards,

LINECO Member Services

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