BROOKINGS HEALTH SYSTEM
300 22ND AVENUE
BROOKINGS, SD 57006
Phone: 605-696-8030 Fax: 605-696-8829

Brookings HEALTH SYSTEM

AUTHORIZATION TO RELEASE CLAIMS FOR SUPPLEMENTAL/INDEMNITY INSURANCE

I authorize Brookings Health System to disclose my health care claim form(s) as described below. I voluntarily execute this authorization with the express intent to release Brookings Health System from any liability arising from this agreement.

_____ _____ _____
Patient name (Please print) Date of Birth Email Address

Home Phone Number:_____ Claim date(s) of service:_____

_____ _____
Company or agent authorized to receive information Either: Address, or Both Fax and Phone #'s of company or agent

I further acknowledge that:

- I have a contract with a supplemental or indemnity insurance company (like AFLAC).
- Supplemental insurance companies are not covered entities under HIPAA.
- Brookings Health System does not have a contract with my supplemental insurer and is not party to my contract.
- As a result, I need this authorization for Brookings Health System to send the claims requested above to my insurer.

Patients may sign up for the MyHealth patient portal at www.brookingshealth.org (https://www.brookingshealth.org/patients-visitors/patient-center/myhealth-patient-portal) and most supplemental insurance agents are able to gather the information they need from patients who log in while in their agent's office. The MyHealth patient portal is free.

Many plans will also accept the patient's itemized bill and medical record which are also available for free. You will need to complete, sign, and include a request for medical records (available at https://www.brookingshealth.org/patients-visitors/patient-center/medical-health-records) or by stopping in person at Brookings Health System and filling out a copy onsite.

Or you can choose one of the two options below:

____ I agree to assign any benefits for the above dates of service to Brookings Health System with the understanding that those amounts will be paid directly to Brookings Health System to be applied to my outstanding balances owed, and any remainder will be promptly refunded to me.

Signature Assigning Benefits:_____Date:_____

____ Or, I have enclosed $10 to cover the cost of creating my claim(s). (Make checks payable to Brookings Health System)

_____ _____
Signature of Patient, Patient's Representative, or Policyholder Date
(Patient Representative's authority _____)

A NOTE REGARDING SUPPLEMENTAL/INDEMNITY INSURANCE PLANS

Supplemental or indemnity insurance plans like AFLAC are designed to cover specific situations like cancer, accidents, or short-term disability. These plans usually pay specific amounts for those specific situations to the policyholder. These are not the same as 'Medicare Supplements" with insurance companies such as BCBS who cover amounts remaining after payment from the primary insurer (usually Medicare). Primary and Supplement insurance companies are covered entities under HIPAA and generally have signed contracts with Brookings Health System for the patients who have their policies. These contracts include provisions for both direct submissions of claims to the insurer as well as direct payments back to Brookings Health System.