



Medical Authorization & Information Release

Claimant/Patient Name: _____

Claimant/Patient Address: _____

Claimant/Patient Phone: _____

Date of Injury: _____

Employer Name: _____

I hereby authorize Massachusetts Education and Government Association Property & Casualty Group, Inc. (MEGA), or any of its representatives to be furnished any information and facts regarding medical services rendered to me by any medical provider, including reports/records, results of diagnosis, treatment and prognosis, estimates of disability and recommendations for further treatment. This information is to be used for the purpose of evaluating and handling my claim for injury as a result of an incident occurring on or about the above indicated date of injury and for no other purpose, now or in the future.

Copies and facsimiles of this authorization shall be effective and valid.

This authorization expires on life of claim.

Claimant Signature: _____

Date: _____

**MEGA Property & Casualty Group, Inc.
C/o CCMSI 100 Quannapowitt Parkway, Suite 201
Wakefield, MA 01880**

PH: 781-683-1000 FAX: 781-246-3425
