



INFORMATION RELEASE FORM

ACCOUNT NUMBER _____

CUSTOMER NAME _____

ADDRESS _____

EMAIL ADDRESS _____

TELEPHONE NUMBER _____ ALTERNATE TELEPHONE _____

RETURN COMPLETED FORM TO:

MEDFINANCIAL
P.O. BOX 32489
KNOXVILLE, TN 37930-2489
FAX: 865.692.6368

Questions? Call 1.855.729.6339 or contact
us at www.medfinancial.com/contact.

Medfinancial is committed to assisting our customers. We value all of our customers' privacy and take steps to ensure your records are maintained in a secure environment. We require your written consent to reveal your account information to anyone other than yourself or your attorney. For your protection, if you would like anyone other than yourself to be able to discuss specific account information, please complete and return this form to Medfinancial.

Please note this form only authorizes the release of information; it does not give authorization to make changes on the account. Only the account holder or an agent authorized by Power of Attorney can request changes to an account. If you want the authorized third party to be able to make changes, please also include a copy of the Power of Attorney when returning the form.

I authorize Medfinancial to release information regarding my WE CARE™ account(s) to:

INDIVIDUAL OR AGENCY NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

RELATIONSHIP

I understand that I may, at any time, withdraw this directive as long as I do so in writing.

I expressly authorize Medfinancial and its representatives and related companies to contact me about my account at any phone number associated with me, including cellular and wireless phones, and to contact me using automatic dialing systems, artificial or prerecorded messages, text messages, or e-mail.

CUSTOMER'S SIGNATURE (REQUIRED)

DATE