

# Authorization to Speak with an Outside Entity

Project ID	Project Name
NPI	PTAN

I, \_\_\_\_\_, authorize Noridian Healthcare Solutions (NHS), LLC, Supplemental Medical Review Contractor (SMRC) to discuss all aspects of the current Medical Review being performed with the contact person(s) listed below. This consent includes, but is not limited to, patient medical records, claims, and billing information. (List name, title or department, and phone number of each individual to whom authorization applies, i.e., Jane Doe, Medical Billing Consultant, (555) 555-5555.)

Name	Title/Department	Phone Number

If there are specific issues that you do not want discussed with the person(s) indicated above, please list them below.

This authorization is effective for the length of this review. I understand I may revoke this authorization at any time by notifying the SMRC in writing.

Printed Name	Phone Number
Signature	Date

Email the completed form to [SMRCmail@noridian.com](mailto:SMRCmail@noridian.com).