#### MICHIGAN MEDICINE

Revenue Cycle Mid Service (HIM) Release of Information (ROI) Unit 3621 S. State Street 700 KMS Place

Bay 11 - Mid Service Ann Arbor MI 48108-1633 Phone: (734) 936-5490 Fax: (734) 936-8571

## Affidavit of Heir or Life Insurance Beneficiary Requesting Medical Records

For Office Use Only:						
Information:						
☐ Mailed ☐ Picked Up ☐ Faxed						
<b>ID Verified:</b> □ Yes □ No						
Date Received:						
Date Processed:						
Processed By:						
□ HIM Staff □ Other:						

If you are the court appointed personal representative for the deceased patient or the appropriate heir at law you may request copies of the deceased patient's medical records. Please provide all the information requested on this form.

1.	Deceased Patien	t's Name:					
		Last		First		Middle	
	Address:						
	St	reet		City	State	Zip code	
		Deceased Patient (dd/mr					
2.	Name of Requeste	or:		Te	elephone Number (	)	
		Last	First	MI			
	Address of Ro	equestor:					
		Street		City	State	Zip code	
3.	Description of Requested Records and dates of service:						
			AFFI	DAVIT			
I,		,	am requesting copie	es of the medical red	cords described ab	ove as an (check one):	
Re	equestor, same nar	me as in Item 2 above					
	Heir at Law of the Deceased Patient (Please check the box in Section A that best describes your claim as an heir at Law. Please provide a copy of the Certificate of Coverage and drivers license or state ID card)						
	Beneficiary of the Deceased Patient's Life Insurance (Please Complete Section B and provide copies the Certificate of Coverage and your driver's license or state ID card)						
	Personal Representative/Successor Personal Representative as designated by Probate Court of written will. (Please provide a copy of the legal document and your driver's license or state ID card)						
		н	eir at Law of De	ceased Patient			
who		at law, your relationsh An individual related to	ip with the decease	d patient must be th	nrough natural birth		
		I am an heir at law of	he deceased patier	nt because:			
		the surviving spouse o	•				
		a surviving descendan	· ·	, -	•		
	<ul> <li>3.</li></ul>						
	or nephew of the deceased patient)						
		a surviving grandparer				on final according af the	
		a surviving descendan ased patient).	t of the deceased pa	allent's grandparent	. (e.g. aunt, uncle, d	of Hirst Cousin of the	

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# Affidavit of Heir or Life Insurance Beneficiary Requesting Medical Records

### **Life Insurance Policy Beneficiary**

- B. I am a beneficiary of the Deceased Patient's life insurance policy. I attest that I need a copy of the Deceased Patient's medical record for the purpose of providing documentation to the life insurer that is examining my claim for benefits under the life insurance policy. I have provided the following to verify my identity:
  - 1. Copy of the Certificate of Coverage listing me as named beneficiary or category of beneficiary
  - Copy of my driver's license or state ID

I attest that all of the above statements are true to the b	pest of my knowledge.		
Signature of requestor	_		
Print Name of requestor			
Subscribed and sworn to before me this day of		(month),(	year).
			, Notary Public
		Coun	ty, State of Michigan
		Acting in	County, Michigan
		My commission expires	:
Complete only if requestor signs by use of a mark:			
Printed name of witness	_		
Signature of witness		Date (mm/dd/yyyy)	
Printed name of witness			
Signature of witness		Date (mm/dd/yyyy)	
UMHS has verified the identification of		(requestor's name)	
by	(type of verification,	e.g., driver's license or s	state ID)
Verification completed by (Employee name and signature)		Date (mm/dd/yyyy)	

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VER: A/11 HIM: 10/20

Medical Record

