



Disclosure Authorization with a Billing Company

Contracted Provider hereby authorizes applicable CSI Network Services personnel to communicate directly with the billing company listed below regarding Contracted Provider's claims and account receivables. Contracted Provider acknowledges that any such communication may include Contracted Provider's confidential information. In addition, any disclosure of protected health information pursuant to this authorization shall be in accordance with the Business Associate Agreement between Contracted Provider and CSI Network Services. The parties agree that Contracted Provider's authorization shall remain in place until such time it is revoked by Contracted Provider's written notice to CSI Network Services.

Contracted Provider	Agency Name
	TIN(s)
Name Billing Company	
Printed Name of Contracted Provider's Authorized Representative:	
Title of Contracted Provider's Authorized Representative:	
Signature of Contracted Provider's Authorized Representative:	
Date:	

CSI Network Service
440-717-1700 Option 2 for CSI, option 4

