



CASE MANAGER PERMISSION FORM

Complete Case Management is one of our most valued services that we can offer you at Elevated Health NYC. We work to get your case approved at no cost to you. Your Case Manager (CM) may need to reach out to others regarding your case at various times throughout the case approval process. Please indicate below who you grant us permission to contact on your behalf:

Please review and initial the following statements where applicable:

_____ I give permission to my Elevated CM to contact my **OWCP Claims Examiner** to discuss my case.

Name (if available): _____ Title: _____

Contact Info (email/phone): _____

_____ I give permission to my Elevated CM to contact my **attorney and/or patient representative** to discuss my case.

Name: _____ Title: _____

Contact Info (email/phone): _____

_____ I give permission to my Elevated CM to contact my **Shop Steward/ Union Rep** to discuss my case.

Name: _____ Title: _____

Contact Info (email/phone): _____

Please indicate **anyone else** that you would like to give us permission to discuss your case with:

_____ I give my permission for my Elevated CM to contact _____ to discuss my case.

Title: _____ Contact Info (email/phone): _____

_____ I do not give permission to my CM to discuss my case with anyone else other than myself.

Print Name: _____ Signature: _____ Date: _____

PATIENT