

**Patient Consent for Radiology Alliance to  
File an Appeal on my Behalf with my Health Insurance Plan**

<b>Radiology Provider Name:</b> Radiology Alliance	<b>Provider NPI and TIN:</b> 1861478489 and 62-1828139
<b>Provider Claim Address:</b> P.O. Box 440166 Nashville, TN 37244	<b>Description of services that may be appealed:</b> Professional radiology services
	<b>Date(s) service were or are to be provided:</b>

I agree to allow this health care provider to file an appeal on my behalf with the following health plan if there is a question about coverage for the services listed below.

I understand that:

1. If I consent, I will not be able to file my own appeal concerning these same services, nor will any representative I appoint, unless this consent is rescinded in writing.
2. I have a right to rescind this consent at any time. My legal representative has the right to rescind this consent at any time.
3. This consent shall be automatically rescinded if my health care provider does not file an appeal, or stops appealing my case.

I have read this consent or have had it read to me, and it has been explained to my satisfaction.

I understand the information in the consent form and grant my consent to this provider to file an appeal on my behalf.

<b>Print Patient Name:</b>	<b>Patient Date of Birth:</b>	<b>Health Insurance Company:</b>
<b>Patient Address:</b>		<b>Patient Insurance ID Number:</b>
<b>Patient Signature:</b>		<b>Signature Date:</b>

The above-named enrollee is unable to sign this consent form because of the following reasons and I consent for the above-named enrollee:

<b>Print Representative Name:</b>		<b>Relationship to the Patient:</b>
<b>Patient Signature:</b>		<b>Signature Date:</b>
<b>Print Witness Name:</b>	<b>Witness Signature:</b>	<b>Signature Date:</b>

**Submit the completed form one of the following ways:**

Email: [radallianceptsupport@radpartners.com](mailto:radallianceptsupport@radpartners.com)

Mail:

Patient Experience Radiology Alliance PO Box 440166 Nashville, TN 37244-0166