Zing HEALTH™ Request Access to Your Records

PLEASE COMPLETE THIS FORM TO GET A COPY OF YOUR RECORDS

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

Mail the signed form to:

Zing Health
225 W. Washington Street, Suite 450
Chicago, IL. 60606

If you need assistance completing the form, call the Customer Service number listed on your Member ID Card.

Section 1. Member Information			
Member Last Name:	Member First Name		Member Middle Name:
Date of Birth:	Member ID#:		
Street Address:			
City:	State:	Zip Code:	Phone Number:

Record Type(s)

Which records or types of information would you like copies of?

_____ Health plan enrollment and eligibility records.
_____ Claims records for your services and treatments.
_____ Records used by us to decide whether or not to approve an authorization request.
_____ Records that the health plan has mailed to you in the past.

Record Details

Are there any details or limits to the records you would like?

_____ Records from between dates_____ and _____.

_____ Records related to a claim:
_____

_____ Records related to a doctor.
_____

_____ Other details or limits to the information you would like us to send. For example:

- "Records related to my "2020 knee surgery."
- "I don't need records of my phone calls to the health plan."

_____
_____
_____
_____

Please complete the other side.

Sensitive Information

Some types of information are sensitive. Sensitive information may be protected by other laws. Please place your initials next to the types of sensitive information you would like us to send you. If you don't initial next to the type of sensitive information that you would like to receive, these records will not be sent to you.

_____	HIV/AIDS	_____	Genetic testing
_____	Mental health	_____	Drug/alcohol

Signature

Signature: _____

Date: _____

IF THE PERSON SIGNING THE FORM IS NOT THE MEMBER WHO IS THE SUBJECT OF THE REQUESTED INFORMATION, WRITTEN EVIDENCE OF THE PERSON'S AUTHORITY TO RECEIVE THE REQUESTED INFORMATION (INCLUDING PROTECTED HEALTH INFORMATION) MUST BE PROVIDED. THAT EVIDENCE MAY BE IN THE FORM OF A WRITTEN AUTHORIZATION FROM THE MEMBER OR A DESIGNATION FROM A COURT OF COMPETENT JURISDICTION.