

HIPAA Authorization to Disclose PHI and Payment Authorization

To prevent any delays in claims handling and payment processing, please sign at the end of both sections of this authorization form.

HIPAA Authorization to Disclose PHI

I authorize Seven Corners, Inc. to disclose protected health information (PHI), which will include the applicable account number and date(s) of the covered benefits received, about _____ (name of covered person) to Fleetcor Technologies, Inc. d/b/a Corpay to fulfill my request for Seven Corners to pay covered travel health benefits via Automated Clearing House Network (ACH) transfer. This authorization will expire once all applicable fund transfers have been made. I understand that:

- I can revoke (cancel) this authorization at any time by contacting Seven Corners as follows: Call 800-335-0611 (toll free) or 317-575-2652 (worldwide) or 317-818-2809 (collect). This will not affect any disclosures Seven Corners has made in reliance on this authorization before it receives my cancellation.
- Seven Corners cannot condition payment or eligibility for benefits on whether I sign this authorization. However, if I do not sign it or if I revoke it, Seven Corners may not be able to make payment via ACH transfer.
- Any PHI disclosed under this authorization may be re-disclosed by the recipient and will no longer be protected by the HIPAA Privacy Rule.

Signature: _____

Date: _____

Printed Name: _____

If you are not the covered person, and you are signing this authorization as the covered person's legal representative (parent, guardian, etc.), please describe your legal authority: _____

Payment Authorization

The NAME in the contact information must match exactly the name on the ACH, checking, or wire transfer account. Joint accounts require all names.

Payment Authorization Form

- To prevent any delays in claims handling, please be sure to sign this form.
- The **Name** in contact information must match exactly the name on the ACH, checking, or wire transfer account.
- Joint accounts require all names.

Contact Information

Name <i>Account Holder(s)</i>	Telephone		
Email address	I authorize Seven Corners, Inc. to contact me using this email address to discuss and/or inform me of payment confirmation. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing address (P.O. Boxes are not accepted)	City	State/Province/Region	Postal Code

1 Payment Type

<input type="checkbox"/> Check (check will ship to address above)	<input type="checkbox"/> ACH/EFT: US \$ Canada(CAD) \$ – complete section 2
<input type="checkbox"/> International Wire Transfer – complete section 3	

2 U.S. Account Information

Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Full Bank Name:		
Bank street address	City	State/Province/Region	Postal Code
ABA routing number	Account number	SWIFT BIC	

3 International/non-U.S. Account Information - Complete for payment through bank transfer outside the U.S.

Bank's full name			
Bank street address	City	State/Province/Region	Postal Code
Account number	Routing Number (BLZ, BSB, TRNO, branch code, etc.)		
IBAN	SWIFT BIC	Preferred reimbursement currency	

REGULATORY INFORMATION

Bank phone number	Identification number
	Account type: <input type="checkbox"/> ID <input type="checkbox"/> NIT <input type="checkbox"/> RIF <input type="checkbox"/> CPF <input type="checkbox"/> CNPJ <input type="checkbox"/> RUT <input type="checkbox"/> CUIT <input type="checkbox"/> OTHER

I hereby authorize Seven Corners, Inc. (hereinafter COMPANY) to mail any payments to the above listed address and to deposit any amounts owed me for reimbursement of relevant expenses or services rendered by initiating credit entries to my account at the financial institution (hereby BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY erroneously deposits funds in my account (by way of example, I am not entitled to the funds or the amount of deposit is incorrect or such funds are deposited in the wrong account), I authorize COMPANY to debit or credit my account in the amount necessary to correct the initial deposit, but in no case shall any debit exceed the amount of the initial deposit. I further agree COMPANY is not responsible for any transaction fees charged and will release Seven Corners of any liability in the event of lost or stolen payments.

Account holder signature	Date
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