

Molina Healthcare of Washington, Inc.
Electronic Transmission of Records Consent

Member Name:

Member Molina ID Number:

I (name of member) hereby provide consent to Molina Healthcare of Washington, Inc. (referred to as "Molina") to electronically provide any and all documents related to the adverse benefit determination referenced below.

I further acknowledge and affirm that I have the ability to access the electronically-provided information and that I have provided an electronic mail (email) address to Molina for use in providing the adverse benefit determination documents.

The types of documents that may be submitted to me electronically may include, but are not limited to:

- Molina member documents including the Evidence of Coverage, Summary of Benefits and Coverage and Schedule of Benefits.
- Copies of all correspondence related to the adverse benefit determination.
- Copies of medical records related to the adverse benefit determination.
- Any and all information relied on by Molina in the making of the adverse benefit determination.

I understand that I have the following rights:

- Right to withdraw this consent at any time and at no charge, by contacting the Member Services department at the number shown below. Such request to withdraw consent will take effect upon receipt by Molina.
- Right to request and obtain paper copies of any records provided electronically.

Transmitting information by unsecure email has risks. I understand and accept the risks associated with the use of unsecure email communications and assume responsibility once I receive any and all documents made electronically by Molina.

Any inquiries regarding this form, or any of the contents therein, should be directed to Molina Healthcare of Washington Member Services department at 1-(888) 858-3492.

Member Signature: _____

Signature of Parent or Guardian (if this consent is for a minor): _____

Date: _____

Member Electronic Mail (email) Address: _____

Molina Adverse Benefit Determination ID Case Number: _____

Molina Member Services Fax Number: (877) 814-0342

Molina Member Services E-Mail: WAMemberservices@Molinahealthcare.com