TINSMAN & SCIANO

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Proof of Representation

Description & Instructions

Purpose

The language on the following page should be used when you, the Medicare beneficiary, want to inform the Centers for Medicare & Medicaid Services (CMS) that you have given another individual the authority to represent you and act on your behalf with respect to your claim for liability insurance, no-fault insurance, or workers' compensation, including releasing identifiable health information or resolving any potential recovery claim that Medicare may have if there is a settlement, judgment, award, or other payment.

You are not required to use this form, but proof of representation must include the information provided in this form's model language. Your representative must also sign that he/she has agreed to represent you. This form also makes provisions for the information your representative must provide.

Instructions

Fill out and sign the Proof of Representation Form.

Proof of Representation

Type of Medicare Beneficiary Representative (Check one)

- ◯ Individual other than an Attorney: _____
- ◯ Attorney
- ◯ Guardian
- ◯ Conservator
- ◯ Power of Attorney

Name: _____

Relationship to the Beneficiary: _____

Firm or Company Name: _____

Address: _____

Address Line 2: _____

City/State/ZIP: _____

Telephone _____

Medicare Beneficiary Information and Signature/Date

Beneficiary's Name (please print exactly as shown on your Medicare card): _____

Beneficiary's Medicare ID (number on your Medicare card): _____

Date of Illness/Injury for which the beneficiary has filed a liability insurance, no-fault insurance, or Workers' Compensation claim: _____

Beneficiary's Signature: _____ Date signed _____

Representative Signature/Date

Representative's Signature: _____ Date signed: _____