

General Release of Information

RE: Claimant :
Insured :
D/A :
Claim # :
SS # :
File # :

To Whom It May Concern:

I, Claimant, hereby authorize a representative of **PRO MED** to speak with Centers of Medicare/Medicaid Services (CMS), Social Security Administration and Medicare Secondary Payer Recovery Center (MSPRC), **on an ongoing basis**, regarding the above captioned claim and to receive written confirmation of my Medicare status; as well as allow Medicare to release any information regarding any possible Medicare lien. I understand that this information is to be used solely for the purposes of identifying any Medicare lien and/or obtaining approval for a Medicare Set Aside Allocation. I also give permission for photocopying of this document.

Claimant's Signature

Date