

Medicare Proof of Representation Form

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

Medicare Number (as shown on your Medicare card): _____

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

By signing this Proof of Representation form, I hereby authorize the Centers for Medicare & Medicaid Services (CMS), its agents and/or contractors to release all information regarding conditional payments made by Medicare related to the injury/illness in which a liability insurance, no-fault insurance, or workers' compensation claim has been or will be entered into a settlement, judgment, award, or other payment. I have given Synergy Lien Resolution Services, a Third Party Administrator (TPA), my permission to resolve any Medicare recovery claim on my behalf for the date of illness/injury listed above.

All related correspondence can be directed to the following:

Synergy Lien Resolution Services
911 Outer Road
Orlando, FL 32814

Phone: (877)907-5436
Fax: (877)408-8194

Finally, I have the right to revoke this authorization at any time. I understand that in order to revoke this authorization, I must send written notification to Synergy Lien Resolution Services, 911 Outer Road, Orlando FL 32814. I also understand that any written revocation will not apply to actions taken by the requesting person/entity prior to the date the notification is received.

Signature of Medicare Beneficiary or Representative

Date

Relationship of Representative to Patient

(Please attach court approved documentation for representative.)

Attorney Signature

Date

****For SYNERGY Use Only****

Synergy Lien Resolution Services agrees to serve as the Third Party Administrator (TPA) on behalf of the above named Medicare beneficiary for the purpose of resolving any Medicare Secondary Payer conditional payments, demands, compromises, waivers and appeals related to the date of illness/injury listed above.

Synergy Lien Resolution Services Representative

Date