

CMS/Medicare Authorization for Release of Information

The Privacy Act of 1974 (Public Law 93-579) prohibits the government from revealing information from personal files without the express written permission of the person involved. Disclosure of personal records to an attorney or other representative who is acting on behalf of another person is prohibited, unless the individual to whom the record pertains has consented.

I, _____, hereby authorize the Centers for Medicare & Medicaid Services (CMS), its agents and/or contractors to disclose, discuss, and/or release, orally or in writing, information related to my accident, injury and/or settlement to the individual(s) and/or firm(s) listed below. I also hereby authorize NuQuest to release my current treatment and pharmacy records to CMS for the purposes of obtaining CMS approval of a MSA proposal. This authorization for release is for my current accident, injury, or claim and is on an ongoing basis. An additional consent to release form will not be necessary unless or until I revoke this authorization (which must be in writing).

Further, I have had the Workers' Compensation Medicare Set-Aside Arrangement and need the process explained to me, and I approve of the contents of the submission.

Beneficiary Initials: _____

PLEASE CHECK:

- Claimant's attorney _____
(name and/or firm)
- Employer's attorney _____
(name and/or firm)
- Other _____
(name and/or firm)
- MSA Vendor _____
NuQuest
(name and/or firm)

Claimant's Signature

Date Signed

Date of Injury

Social Security Number or Health
Insurance Claim Number