

MEDICARE PROOF OF REPRESENTATION

Sign below if 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. Your representative must also sign that he/she has agreed to represent you.

Type of Medicare Beneficiary Representative (Check one below and then print the requested information):

() Individual other than an Attorney: Name: Edgar C. Gentle, III, Esq. and Katherine A. Benson, Esq.
(X) Attorney* Relationship to Medicare Beneficiary: Lien/Settlement Administrator
() Guardian* Firm or Company Name: Gentle, Turner, Sexton & Harbison, LLC
() Conservator* Address: 501 Riverchase Parkway East, Suite 100
() Power of Attorney* Hoover, AL 35244
Telephone: (p) 205-716-3000 (f) 205-716-2364

Medicare Beneficiary Information and Signature/Date: **For this document, the Claimant who is involved in the settlement is the Beneficiary. This does NOT mean a spouse or other heir/representative:**

Please complete numbers 1-4 below only:

1. Beneficiary's Name
Please print exactly as shown on your Medicare card: _____

2. Beneficiary's Medicare Number (number on your Medicare card): _____

3. Date of Illness/Injury for which the beneficiary has filed a liability insurance, no-fault insurance or workers' compensation claim: _____
(if you are unsure of the exact date of injury as listed on the complaint or demand, please leave this blank and we will complete it for you.)

4. Beneficiary Signature: _____ Date signed: _____

****Due to the recent nationwide change in the Medicare number system, please provide a copy of the front of your Medicare card. Failure to provide your current Medicare number could result in a delay in processing your case.****

For Lien Administrator's Use Only – DO NOT WRITE OR SIGN BELOW THIS LINE:

Representative Signature/Date:

Representative's Signature: _____ Date signed: _____

Our File No.: _____