THE PLACE FIRM
PLAINTIFF LIEN RESOLUTION COUNSEL

David L. Place, Esq.
Licensed in Kentucky & District of Columbia

Of Counsel - Prof. Roger Baron, Esq.
Licensed in Missouri, South Dakota & Texas

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 The Place Firm, PLLC, 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:

The Place Firm
1811 N. Dixie Ave.
Suite 104 PMB #106
Elizabethtown, KY 42701-5564

Phone: **(270) 370 - 3317**
Fax: **(270) 246 - 9933**

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 The Place Firm, PLLC, 1811 N. Dixie Ave. Suite 104 PMB #106, Elizabethtown, KY 402701-5564. 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)

_____ _____
Attorney Signature Date

Internal Use Only

The Place Firm agrees to serve as agent for 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.

_____ _____
The Place Firm Date