

## Proof of Representation

The language below should be used when 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. You are not required to use this model language, but proof of representation must include the information provided in this model language. Your representative must also sign that he/she has agreed to represent you. This model language also makes provisions for the information your representative must provide.

Note: If you have an attorney, your attorney may be able to use his/her retainer agreement instead of this language. (If the beneficiary is incapacitated, his/her guardian, conservator, power of attorney etc. will need to submit documentation other than this model language.) Please visit <https://go.cms.gov/cobro> for further instructions.

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

- Individual other than an Attorney: \_\_\_\_\_ Name: \_\_\_\_\_
- Attorney Relationship to the Beneficiary: \_\_\_\_\_
- Guardian Firm or Company Name: \_\_\_\_\_
- Conservator Address: \_\_\_\_\_
- Power of Attorney Address Line 2: \_\_\_\_\_
- City/State/ZIP: \_\_\_\_\_
- Telephone: \_\_\_\_\_

### Medicare Beneficiary Information and Signature/Date:

Beneficiary's Name: \_\_\_\_\_  
(please print exactly as shown on your Medicare card)

Beneficiary's Medicare ID (number on your Medicare card): \_\_\_\_\_

Date of Illness/Injury for which the beneficiary has filed a liability insurance, no-fault insurance, or Workers' Compensation claim: \_\_\_\_\_

Beneficiary's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

### Representative Signature/Date:

Representative's Signature:  \_\_\_\_\_ Date signed: \_\_\_\_\_