

PROOF OF REPRESENTATION

And Consent to Release

I hereby authorize the Centers for Medicare & Medicaid Services (CMS), its agents and/or contractors to release, upon request, information related to the injury/illness and/or settlement to my representatives, **MASSIVE** (f/k/a Med Lien Solutions). I further authorize my representatives to **make any changes, compromises, waivers, disputes, and take any other necessary actions to fully resolve the lien on my case.**

This notice serves as proof of MASSIVE's representation of the undersigned for the purpose of Medicare resolution.

I understand this Proof of Representation is valid for perpetuity unless and until revoked by the beneficiary, personal representative, conservator or guardian.

Type of Medicare Beneficiary Representative

Representative Representative Name: **MASSIVE (f/k/a Med Lien Solutions)**

Person(s)/Entity Authorized to Receive Information:

MASSIVE
P.O. Box 687
Southfield, MI 48037
(248) 850-7119

Medicare Beneficiary Information:

Beneficiary's Name (as shown on Medicare Card): _____

Beneficiary's Medicare Number: _____ Date of Injury/Illness: _____

Beneficiary or Personal Representative's Signature*: _____

Date Signed: _____

Representative Signature / Date:

Ryan Weiner – MASSIVE
Representative for the Beneficiary

Signature: _____

Date Signed: _____

If a Personal Representative, Conservator, or Guardian has signed, please find a Letter of Authority Attached

Notice to Beneficiary: You have the right to revoke your authorization at any time in writing, except to the extent that CMS has already acted based on your permission. To revoke, send a written request to:

BCRC NGHP / P.O. Box 138832 / Oklahoma City, OK 73113 or via fax (405) 869-3309.