Form Approved
OMB No. 0960-0566

Social Security Administration

Consent for Release of Information

TO: Social Security Administration

_____ _____

Name | Date of Birth | Social Security Number

I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
Starr and Associates	1600 East Beltline Ave NE, Suite 217 Grand Rapids, MI 49525 Phone (616) 363-4500

I want this information released because:

To determine if my case meets the CMS review threshold in order to protect Medicare's interests under the Medicare Secondary Payer Statute.
(There may be a charge for releasing information)

Please release the following information:
_____ Social Security Number
_____ Identifying information (includes date and place of birth, parent's names)
_____ Monthly Social Security benefit amount
_____ Monthly Supplemental Security Income payment amount
_____ Information about benefits/payments I received from All Dates to _____
_____ Information about my Medicare claim/coverage from All Dates to _____
_____ Medical records
_____ Record(s) from my file (specify)
__X__ **Other** (specify) **Verify Social Security entitlement status, date of Social Security entitlement or date of application if still pending, date of denial, date of appeal, status of appeal, basis for entitlement (disability or age), name of representative payee if assigned, number of eligible work quarters, if quarters adequate for Social Security benefits, Medicare status, date of entitlement for Medicare A and B.**

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: _____
(Show signatures, names and address of two people if signed by mark)

Date: _____ Relationship: _____