HCFA
Health Care Financing Administration

MEDICARE PART B CARRIER
BENEFICIARY 800-999-7608 OR (502) 425-6759
PROVIDER (502) 425-7776/REVIEWS (502) 425-6207
ADMINISTRATION (502) 329-8500

...continued

Health Insurance Claim Number: [redacted]
Medicare Claim Number: [redacted]
Beneficiary Name: [redacted]

Certification and Agreement

To the best of my knowledge and belief the above answers are true. I hereby authorize the Health Care Financing Administration or any of its insurance carriers or intermediaries to pursue my rights against any automobile medical or no fault or any liability insurer that may be responsible to pay for the services and promise to cooperate with the Health Care Financing Administration in such action.

5/22/99 [redacted] [redacted]

Date Signature of Beneficiary or Representative Telephone no.

Thank you for your assistance and cooperation. Please return this form to us at: Medicare Secondary Payer Unit, P.O. Box 37640, Louisville, Kentucky 40223.

If you have any questions or if we can be of assistance, please contact us at the above address or call at 1-800-999-7608.

Sincerely
Medicare Secondary Payer Unit

---------- FOR OFFICE USE ONLY ----------

STATUS: 58 OPERATOR ID: 528 MRN: 0000000