

**Medicare Consent Form  
(INFORMATION RELEASE)**

I, \_\_\_\_\_ (Your name as shown on your Medicare card) hereby authorize the CMS, its agents and/or contractors to release, upon request, information related to my injury/illness and/or settlement for the specified date of injury/illness to the individual and/or entity listed below:

**CHECK ONE TO INDICATE WHO MAY RECEIVE INFORMATION AND THEN PRINT THE REQUESTED INFORMATION:**(If you intend to have your information released to more than one individual or entity, you must complete a separate release for each one.)

-Insurance Company      -Workers' Compensation Carrier      -Other: \_\_\_\_\_

**Entity Name:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State/ZIP:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_

**CHECK AND INDICATE HOW LONG CMS MAY RELEASE YOUR INFORMATION** (The period you check will run from when you sign and date below.):

-One Year      -Two Years      -Other/Specific Period: \_\_\_\_\_

I understand that I may revoke this "consent to release information" at any time, in writing.

**BENEFICIARY INFORMATION AND SIGNATURE:**

**Beneficiary Signature:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_

**Note:** If the beneficiary is incapacitated, the submitter of this document will need to include documentation establishing the authority of the individual signing on the beneficiary's behalf. Visit <https://go.cms.gov/cobro> for further instructions.

**Medicare ID Number:** \_\_\_\_\_

**Date of Injury/Illness:** \_\_\_\_\_  
(Provide a specific period of time)

**“Consent to Release”  
Liability Insurance (Including Self-Insurance), No-Fault Insurance,  
or Workers’ Compensation**

**Where to Find Information on “Consent to Release” vs. “Proof of Representation”**

Please refer to the PowerPoint document on this website titled: “Rules and Model Language for ‘Proof of Representation’ vs. ‘Consent to Release’ for Medicare Secondary Payer Liability Insurance (Including Self- Insurance), No-Fault Insurance, or Workers’ Compensation” for detailed information on:

- When to use a “consent to release” document vs. a “proof of representation” document;
- Appropriate content for both documents;
- The need for appropriate documentation when there are two layers of representatives involved (examples: attorney 1 refers a case to attorney 2; the beneficiary’s guardian hires an attorney to pursue a liability insurance claim) or when a beneficiary’s representative signs a “consent to release” document on the beneficiary’s behalf;
- What liability insurers (including self-insurers), no-fault insurers, and workers’ compensation entities must have in order to obtain conditional payment information; and
- Use of agents by insurers’ or workers’ compensation.

**General**

A “consent to release” document is used by an individual or entity who does not represent the Medicare beneficiary but is requesting information regarding the beneficiary’s conditional payment information. A “consent to release” does not authorize the individual or entity to act on behalf of the beneficiary or make decisions on behalf of the beneficiary.

**Model Language**

See attached. The use of the model language is not required, but any documentation submitted as a “Consent to Release” must include the information the model language requests.

**Where to Submit a “ Consent to Release” document:**

**Liability Insurance, No-Fault Insurance, Workers’ Compensation:**

NGHP

PO Box 138832

Oklahoma City, OK 73113

**Fax: (405) 869-3309**