



MSA ADVOCATES, INC.
505 East Fayette Street, Suite 214 – Syracuse, New York 13202
Phone: (315) 472-7965 Fax: (315) 472-2616

CONSENT TO RELEASE

CMS CASE CONTROL NUMBER: _____

The Privacy Act of 1974 (Public Law 93-579) prohibits the government from revealing information from personal files without the express written permission of the person involved. Disclosure of personal records to an attorney or other representative who is acting on behalf of another person is prohibited, unless the individual to whom the record pertains has consented.

I, _____, hereby authorize the Centers for Medicare & Medicaid Services (CMS), its agents and its contractors to disclose, discuss, and release, orally or in writing, information related to my workers' compensation and/or legal liability injury and settlement to the individual(s) and firm(s) listed below. This consent is for my current workers' compensation claim and/or legal liability claim and is on an ongoing basis. An additional consent to release will not be necessary unless and until I revoke this consent (which must be in writing.) Further, I have had the Workers' Compensation Medicare Set Aside Arrangement need and process explained to me, and I approve of the contents of the submission.

Claimant Initials _____

Please check:

_____ Claimant's attorney _____
(name and/or firm)

_____ Employer's attorney _____
(name and/or firm)

_____ Workers' Compensation Carrier _____
(name and/or firm)

_____ Liability Carrier _____
(name and or firm)

Other **MSA Advocates, Inc.**, 505 E. Fayette Street
Suite 214, Syracuse, New York 13202 – Medicare
Set Aside Vendor

Claimant's Signature

Date Signed

Date of Injury

**Social Security Number or Medicare
Number (Health Insurance Claim
Number/HICN)**