Social Security Administration **Form SSA-3288**

Consent for Release of Information

________________________ Name   __________________ Date of Birth   ______________________ Social Security Number

I authorize the Social Security Administration to release information/records concerning me to:

ANS **Rehab Consulting LLC**
305 Tallwoods Lane
Green Brook, NJ 08812

I want this information released because:

There is a need to establish the date of my Social Security Benefit entitlement, my Medicare/Medicaid status, date of entitlement for Medicare/Medicaid, and basis for entitlement (disability or age). With regard to my claim, there is a need to determine if Medicare has any recovery rights for conditional payments of claim related medical services. (There may be a charge for releasing information.)

Please release the following information:

__X__ Other (specify): **Medicare status, Date of Medicare entitlement, Medicaid entitlement, Social security entitlement status, date of SS entitlement, Supplemental security income entitlement, if not a current Social security recipient, include number of eligible quarters.**

I am the individual to whom the information/record applies, or that person's parent (if minor) or legal guardian. I know that if I make any representation, which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: ____
(Show signatures, name and addresses of two people if signed by mark.)

BELOW THIS LINE FOR SOCIAL SECURITY ADMINISTRATION USE ONLY

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1. Is claimant currently a Medicaid ("SSI") or Medicare recipient? Yes ____ No _____
2. If yes, select which:
   - **SSI** _____ Date of Entitlement: ____________________
   - **Medicare Part "A"** _____ Date of Entitlement: ____________________
   - **Medicare Part "B"** _____ Date of Entitlement: ____________________

****DO NOT CONTINUE FORM IF CLAIMANT IS RECEIVING MEDICAID/MEDICARE BENEFITS****

3. Is claimant receiving SS Retirement Benefits? Yes ____ No ____ Effective Date: ________________________
4. Is claimant receiving SSD benefits but is not yet a Medicare Beneficiary? Yes ____ No ____ App. Date: _______
5. Has a claim or request for hearing for SSI/SSD benefits been filed? Yes _____ No _____ App. Date: _______
6. Is claimant insured for SSD? Yes _____ No _____

Initial PIA: __________ 80% ACE: _________ Fam Max: _________

______________________________ SSA Representative   ________________________ Date