



Authorization for Release of Medical Information

Patient/Beneficiary Identification

| | | | |
|-------------------------|---------------|----------------------------------|------|
| Name (Last, First, MI): | | Medicare or Insurance ID Number: | |
| Street Address: | | | |
| City: | | State: | Zip: |
| Birth Date: | Phone Number: | Email: | |

1. APPOINTMENT OF REPRESENTATIVE *(To be completed by the party seeking representation)*

I appoint the below individual to act as my representative in connection with my claim or asserted right under title XVIII of the Social Security act (the "act") and related provisions of title XI of the act.

| | | |
|---|------|---------------|
| Name of Representative (Last, First, MI): | | |
| Relationship to Patient/Beneficiary (spouse, sibling, etc.) | | |
| Street Address: | | City: |
| State: | Zip: | Phone Number: |

Information I authorize to be released to the above individual: *(Check all that apply)*

- ☐ All Billing information ☐ All Insurance information ☐ All Medication information
☐ All information pertaining to _____

Signature of party seeking representation

Date

2. DURATION *(check one)*

- ☐ This authorization shall become effective (date) _____ and shall remain in effect until (date) _____
☐ This authorization shall become effective (date) _____ and shall remain in effect until I notify Catamaran to terminate it.

3. ACCEPTANCE OF APPOINTMENT *(To be completed by the representative)*

I, _____, hereby accept the above appointment. I certify that I have not been disqualified, suspended, or prohibited from practice before the department of Health and Human Services; that I am not, as a current or former employee of the United States, disqualified from acting as the party's representative; and that I recognize that any fee may be subject to review and approval by the Secretary.

Signature of Representative

Date

4. WAIVER OF FEE FOR REPRESENTATION

Instructions: This section must be completed if the representative is required to, or chooses to waive their fee for representation. (Note that providers or suppliers that are representing a beneficiary and furnished the items or services may not charge a fee for representation and must complete this section.)

I waive my right to charge and collect a fee for representing _____
before the Secretary of the Department of Health and Human Services.

Signature of Representative

Date

5. WAIVER OF PAYMENT FOR ITEMS OR SERVICES AT ISSUE

Instructions: Providers or suppliers serving as a representative for a beneficiary to whom they provided items or services must complete this section if the appeal involves a question of liability under section 1879(a)(2) of the Act. (Section 1879(a)(2) generally addresses whether a provider/supplier or beneficiary did not know, or could not reasonably be expected to know, that the items or services at issue would not be covered by Medicare.)

I waive my right to collect payment from the beneficiary for the items or services at issue in this appeal if a determination of liability under §1879(a)(2) of the act is at issue.

Signature of Representative

Date

6. I HAVE READ AND UNDERSTAND THIS INFORMATION

I may revoke or change this authorization at any time in writing to Reader's Digest Value Rx (PDP), on behalf of itself and its wholly-owned subsidiaries at the location where I originally submitted this authorization; and the revocation shall be effective except to the extent that Reader's Digest Value Rx (PDP) and its subsidiaries have already used or disclosed information in reliance to this Authorization.

By signing this form, I acknowledge that I have read and understand this information and if person(s) authorized by this form to receive my medical information are not health care providers or other people who are subject to federal health privacy laws, the medical information they receive may lose its protection under federal health privacy laws, and those people may be permitted to re-release my medical information without my prior permission.

I have a right to receive a copy of this authorization.

Signature of Member

Date

Please Return Form To:

Catamaran

Attn: Member Services

2441 Warrenville Rd, Suite 610

Lisle, Illinois 60532

CHARGING OF FEES FOR REPRESENTING BENEFICIARIES BEFORE THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

An attorney, or other representative for a beneficiary, who wishes to charge a fee for services rendered in connection with an appeal before the Secretary of the Department of Health and Human Services (DHHS) (i.e., an Administrative Law Judge (ALJ) hearing, Medicare appeals Council (MAC) review, or a proceeding before an ALJ or the MAC as a result of a remand from federal district court) is required to obtain approval of the fee in accordance with 42 CFR §405.910(f).

The form, "Petition to Obtain Representative Fee" elicits the information required for a fee petition. It should be completed by the representative and filed with the request for ALJ hearing or request for MAC review

Approval of a representative's fee is not required if (1) the appellant being represented is a provider or supplier; (2) the fee is for services rendered in an official capacity such as that of legal guardian, committee, or similar court appointed representative and the court has approved the fee in question; (3) the fee is for representation of a beneficiary in a proceeding in federal district court; or (4) the fee is for representation of a beneficiary in a redetermination or reconsideration. If the representative wishes to waive a fee, he or she may do so. Section 4 of this form can be used for that purpose. In some instances, as indicated on the form, the fee must be waived for representation.

AUTHORIZATION OF FEE

The requirement for the approval of fees ensures that a representative will receive fair value for the services performed before DHHS on behalf of a beneficiary, and provides the beneficiary with a measure of security that the fees are determined to be reasonable. In approving a requested fee, the ALJ or MAC considers the nature and type of services rendered, the complexity of the case, the level of skill and competence required in rendition of the services, the amount of time spent on the case, the results achieved, the level of administrative review to which the representative carried the appeal and the amount of the fee requested by the representative.

CONFLICT OF INTEREST

Sections 203, 205 and 207 of title XVIII of the United States Code make it a criminal offense for certain officers, employees and former officers and employees of the United States to render certain services in matters effecting the Government or to aid or assist in the prosecution of claims against the United States. Individuals with a conflict of interest are excluded from being representatives of beneficiaries before DHHS.