

PROOF OF REPRESENTATION

Type of Medicare Beneficiary Representative
(Check one below and then print the requested information)

Attorney other than an Attorney of record: Name: Angelo Paul Sevarino, Esq.
Address: 26 Barber Hill Road,
Broad Brook, CT 06016
Telephone: 860-870-3803

Attorney Relationship to the Medicare Beneficiary: MSPRC investigator

Guardian/Conservator Name: _____
Address: _____
Telephone: _____

Power of Attorney Name: _____
Address: _____
Telephone: _____

Medicare Beneficiary Information and Signature/Date:

Beneficiary's Name (please print exactly as shown on your Medicare card):

Beneficiary's Health Insurance Claim Number (number on your Medicare card):

Date of Illness/Injury for which the beneficiary has filed a liability insurance, no-fault insurance or workers' compensation claim: _____

Beneficiary Signature: _____ **Date signed:** _____

Representative Signature/Date:

Representative's Signature: _____ **Date signed:** _____