



RELEASE TO OBTAIN MEDICARE LIEN INFORMATION

Beneficiary:
HIC#:
Date of Accident:

I authorize Medicare to release any Medicare information to my attorney, the Workers' Compensation carrier, the Workers' Compensation carrier attorney, automobile medical or liability insurance company involved in this case and MSP Solutions, which is a Division of the law firm of Ritsema and Lyon, P.C.

This authorization will expire when the case is settled and closed by Medicare.

I understand that I have the right to take back my authorization at any time, in writing, except to the extent that Medicare has already acted based on my permission.

I understand refusal to authorize disclosure of my personal medical information will have no effect on my enrollment, eligibility for benefits, or the amount Medicare pays for the health services I receive.

I understand my personal medical information that I authorize Medicare to disclose may be subject to re-disclosure and no longer protected by law.

Please sign, date, and return to Mutual of Omaha Insurance Company, Medicare Division within 30 days. Please return to:

Mutual of Omaha Insurance Company
Medicare Secondary Payer
P.O. Box 1602
Omaha, NE 68101

Date

* If the Medicare beneficiary is unable to sign this authorization and you have the power of attorney or any other legal representation, please enclose documentation to support this.