**“Consent to Release”**

**Liability Insurance (Including Self-Insurance), No-Fault Insurance,** **or Workers’ Compensation**

**Where to find Information on “Consent to Release” vs. “Proof of Representation”**

Please refer to the PowerPoint document on this website titled: “Rules and Model Language for ‘Proof of Representation’ vs. ‘Consent to Release’ for Medicare Secondary Payer Liability Insurance (Including Self-Insurance), No-Fault Insurance, or Workers’ Compensation” for detailed information on

• **When** **to** **use** **a** **“consent to release”** **document** **vs.** **a** **“proof** **of** **representation”** **document,** • Appropriate content for both documents,

• The need for appropriate documentation when there are two layers of representatives involved (examples: attorney 1 refers a case to attorney 2; the beneficiary’s guardian hires an attorney to pursue a liability insurance claim) or when a beneficiary’s representative signs a “consent to release” document on the beneficiary’s behalf,

• What liability insurers (including self-insurers), no-fault insurers, and workers’ compensation entities must have in order to obtain conditional payment information, and

• Use of agents by insurers’ or workers’ compensation. **General**

A “consent to release” document is used by an individual or entity who does not represent the Medicare beneficiary but is requesting information regarding the beneficiary’s conditional payment information. A “consent to release” does not authorize the individual or entity to act on behalf of the beneficiary or make decisions on behalf of the beneficiary.

**Model Language**

See attached. Use of the model language is not required, but any documentation submitted as a “Consent to Release” must include the information the model language requests.

**Where to Submit a “ Consent to Release” document:**

**Liability Insurance, No-Fault Insurance, Workers’ Compensation:** *NGHP*

*PO* *Box* *138832* Oklahoma City, OK 73113

**Fax: (405) 869-3309**

MODEL LANGUAGE

**CONSENT TO RELEASE**

The language below should be used when you, a Medicare beneficiary, want to authorize someone other than your attorney or other representative to receive information, including identifiable health information, from the Centers for Medicare & Medicaid Services (CMS) related to your liability insurance (including self-insurance), no-fault insurance or workers’ compensation claim.

I , (print your name exactly as shown on your Medicare card) hereby authorize the CMS, its agents and/or contractors to release, upon request, information related to my injury/illness and/or settlement for the specified date of injury/illness to the individual and/or entity listed below:

**CHECK ONLY ONE OF THE FOLLOWING TO INDICATE WHO MAY RECEIVE INFORMATION**

**AND THEN PRINT THE REQUESTED INFORMATION:**

(If you intend to have your information released to more than one individual or entity, you must complete a separate release for each one.)

( ) Insurance Company ( ) Workers’ Compensation Carrier ( ) Other

(Explain) Name of entity:

Contact for above entity:

Address:

Telephone:

**CHECK ONE OF THE FOLLOWING TO INDICATE HOW LONG CMS MAY RELEASE YOUR**

**INFORMATION**

(The period you check will run from when you sign and date below.):

( ) One Year ( ) Two Years ( ) Other

(Provide a specific period of time) I understand that I may revoke this “consent to release information” at any time, in writing. **MEDICARE BENEFICIARY INFORMATION AND SIGNATURE:**

Beneficiary Signature: Date signed:

Note: If the beneficiary is incapacitated, the submitter of this document will need to include documentation establishing the authority of the individual signing on the beneficiary’s behalf. Please visit <http://go.cms.gov/cobro>for further instructions.

Medicare Health Insurance claim Number (The number on your Medicare card.): Date of Injury/Illness: