MEDICARE
Part A Intermediary
Part B Carrier

Authorization to Release Medicare Records

Beneficiary Name: ______________________________

Beneficiary's Medicare Number: ______________________________

I authorize Centers for Medicare and Medicaid Services (CMS) and TrailBlazer Health Enterprises, LLC, a (CMS) contracted intermediary/carrier to release billing records including all statements, insurance claim forms, itemized bills:

From (date): ______________________ to (date): ______________________

Please write the name of the person, agency, company or organization, including address and telephone number, to whom you are authorizing Medicare to disclose your personal information:

XL Record Service PO Box 153736 Lufkin,TX 75915 936-422-3628

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Purpose of the disclosure- the reason why you want Medicare to release information to the person, agency, company or organization listed above (if you do not want to provide a statement of the purpose, describe the use as "at the request of the individual"):

Litigation

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I understand that I have the right to revoke this authorization at any time. I must do so by writing to the same person(s) or class of persons that I directed this authorization to. The revocation will not apply to information that has already been released in response to this authorization.

I understand that my refusal to authorize disclosure of my person 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 that information disclosed pursuant to this authorization may be re-disclosed by the recipient and may no longer be protected by law.

Signature of Beneficiary or Authorized Representative* Date

______________________________ ______________

Expiration date: ______________________________

***If the authorization is signed by a personal representative of the individual, proof of his/her authority to represent must be attached to the authorization.**

Requirements of a Valid Authorization

CORE ELEMENTS & REQUIRED STATEMENTS OF A VALID AUTHORIZATION

A VALID AUTHORIZATION MUST CONTAIN THE FOLLOWING ELEMENTS:

1. The signature of the individual and date. If the authorization is signed by a personal representative of the individual, proof of his/her authority to represent must be attached to the authorization.

2. The name and other specific identification of the person(s) or class of persons authorized to make the requested disclosure.

3. A description of the information to be disclosed that identifies the information in a specific and meaningful fashion.

4. The name or other specific identification of the person(s) or class of persons to whom the requested disclosure is to be made.

5. An expiration date or an expiration event that relates to the individual or the purpose of the disclosure. (If no time frame is given, we must assume that the consent is for a one-time-only disclosure);

6. A description of the purpose of the requested disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when the beneficiary initiates the authorization and does not, or elects not to, provide a statement of the purpose; and

A VALID AUTHORIZATION MUST CONTAIN THE FOLLOWING STATEMENTS:

(or similar statements that reflect the beneficiary's understanding of the articulated principles)

1. I understand that I have the right to revoke this authorization at any time. I must do so by writing to the same person(s) or class of persons that I directed this authorization to. The revocation will not apply to information that has already been released in response to this authorization.

2. I understand that my 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.

3. I understand that information disclosed pursuant to this authorization may be re-disclosed by the recipient and may no longer be protected by law.

NOTE: A blanket consent to disclose all of a subject individual's records to unspecified individuals or organizational units will not be honored.

Freedom of Information Enclosure

45 CFR - Public Welfare
PART 5 - FREEDOM OF INFORMATION REGULATIONS
§ 5.44 Procedures for assessing and collecting fees.

§ 5.44 Procedures for assessing and collecting fees.

(a) *Agreement to pay.* We generally assume that when you request records you are willing to pay the fees we charge for services associated with your request. You may specify a limit on the amount you are willing to spend. We will notify you if it appears that the fees will exceed the limit and ask whether you nevertheless want us to proceed with the search.

(b) *Advance payment.* If you have failed to pay previous bills in a timely fashion, or if our initial review of your request indicates that we will charge you fees exceeding $250, we will require you to pay your past due fees and/or the estimated fees, or a deposit, before we start searching for the records you want. If so, we will let you know promptly upon receiving your request. In such cases, the administrative time limits prescribed in §5.35 of the part (i.e., ten working days from receipt of initial requests and 20 working days from receipt of appeals from initial denials, plus permissible extensions of these time limits) will begin only after we come to an agreement with you over payment of fees, or decide that fee waiver or reduction is appropriate.

(c) *Billing and payment.* We will normally require you to pay all fees before we furnish the records to you. We may, at our discretion, send you a bill along with or following the furnishing of the records. For example, we may do this if you have a history of prompt payment. We may also, at our discretion, aggregate the charges for certain time periods in order to avoid sending numerous small bills to frequent requesters, or to businesses or agents representing requesters. For example, we might send a bill to such a requester once a month. Fees should be paid in accordance with the instructions furnished by the person who responds to your requests.