

Medivest Allocation Services, Inc.
2100 Alafaya Trail
Suite 201
Oviedo, FL 32765
Phone: (877) 725-2467

Copy to: Medicare CRC-NGHP
P.O. Box 269003
Oklahoma City, OK 73216

LETTER OF AUTHORITY

Re: Authorization for Medivest for CMS - BCRC/CRC Cases

CLAIMANT: _____
DOI: _____
DOB: _____
MBI/HICN: _____

Dear Medivest:

This letter confirms that _____ has retained Medivest Allocation Services, Inc. to work on its behalf as a Recovery Agent to address any Centers for Medicare & Medicaid Services (CMS) - Benefits Coordination and Recovery Center (BCRC)/Commercial Repayment Center (CRC) conditional payment reimbursement claims asserted against _____ in relation to the above captioned claimant. Medivest may take any action that _____ would otherwise be entitled to take, including but not limited to, reporting/providing notification of the case, developing the case, requesting conditional payment correspondence or updates concerning same, disputing claims, submitting notice of settlement, requesting final demand, requesting waivers and/or compromises, negotiating conditional payment/final demand/lien amounts, and/or submitting appeals, when applicable. Medivest has this authority for two years from the date of this letter or until _____ specifically revokes this authority in writing.

Sincerely,

(Signature)

Date: _____
Name: _____
Title: _____
Company: _____
Phone Number: _____

Medivest Representative:
_____ (Signature)
Date: _____
Name: _____
Title: _____
Phone Number: _____