

“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

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 _____

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.

Medicare Health Insurance claim Number (The number on your Medicare card.): _____

Date of Injury/Illness: _____