



WRIGHT REHABILITATION SERVICES
Managing Cases to Successful Conclusions

CMS / Medicare Authorization for Release of Information

This release will hereby authorize a representative of The Wright Rehabilitation Services, Inc. to speak with The Centers for Medicare and Medicaid Services (CMS/Medicare) and their contractors for the purpose of completing a Medicare Set-Aside Arrangement, obtain approval of said arrangement from CMS/Medicare as well as investigating and negotiating any Medicare conditional payment claims. The Wright Rehabilitation Services, Inc. also has permission to share medical records and other supporting documents with CMS/Medicare and their contractors as necessary in order to submit the Medicare Set-Aside Arrangement to CMS/Medicare for approval or for investigation or negotiation of any Medicare conditional payment claims. The information used or disclosed may be subject to re-disclosure by the firm receiving it and would then no longer be protected by federal privacy regulations.

This authorization for Release of Information may be revoked at any time by notifying The Wright Rehabilitation Services, Inc. in writing of the desire to revoke it. However, I understand that any action already taken in reliance of this authorization cannot be reversed, and my revocation will not affect those actions. I understand the firm to which this authorization is furnished may not condition my eligibility for benefits based on whether or not the authorization form is signed.

Unless revoked earlier, this authorization will expire 90 days after the Medicare Set-Aside Arrangement has been approved by CMS/Medicare and any conditional payment claim has been resolved.

I agree that a Photostat copy of the Authorization for Release of Information shall be considered as a valid original.

Injured Worker/Beneficiary: _____
(please print)

Beneficiary Signature: _____

Date: _____

Attorney for Beneficiary: _____
(please print)

Attorney Signature: _____

Date: _____

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