

Medicare Portal Authorization - Crystal Hawkins

AUTHORIZATION

I, , GIVE PERMISSION TO THE LAW OFFICE OF ROSENBAUM AND ASSOCIATES, TO SET UP A CLAIM AND OBTAIN MY MEDICARE INFORMATION FOR THIS CLAIM FROM THE MY MEDICARE PORTAL FOR THE DURATION OF THIS CLAIM FOR THE ACCIDENT OF .
DATE:

My user name and password is as follows:
USERNAME: _____ PASSWORD: _____

X _____



Signature Certificate

Document name: Medicare Portal Authorization - Crystal Hawkins

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Timestamp

May 19, 2020 8:47 pm GMT

May 21, 2020 12:01 am GMT

May 21, 2020 4:28 am GMT

May 21, 2020 4:49 am GMT

Audit

Medicare Portal Authorization - Crystal Hawkins
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