Medicare Portal Authorization - Cassandra Murray-Barja

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 - Cassandra Murray-Barja

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