

Medicare Portal Authorization - Gilery Ogando

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 - Gilery Ogando

Unique Document ID: 48AADB89E1CD9868B85C4CFB9BC551513529C28A



Timestamp

May 19, 2020 8:47 pm GMT

May 20, 2020 11:59 pm GMT

May 21, 2020 4:28 am GMT

May 21, 2020 4:49 am GMT

Audit

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