

Medicare Portal Authorization - Liora Grazier

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 - Liora Grazier

Unique Document ID: 2C3739C3D9507934DF70F1DCD761F179F5E3E303



Timestamp

Audit

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May 20, 2020 11:53 pm GMT

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