

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

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WPesignature
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Timestamp

Audit

May 19, 2020 8:47 pm GMT

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This audit trail report provides a detailed record of the online activity and events recorded for this contract.

Page 2 of 2