

# 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

## Audit

May 19, 2020 8:47 pm GMT

Medicare Portal Authorization - Crystal Hawkins  
Uploaded by David Rosenbaum -  
test@rosenbaumfirm.com IP 68.80.162.82

May 21, 2020 12:01 am GMT

Crystal Hawkins - chawkins@rosenbaumfirm.com added  
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May 21, 2020 4:28 am GMT

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