



CONSENT TO RELEASE

The Privacy Act of 1974 (Public Law 93-579) prohibits the government from revealing information from personal files without the express written permission of the person involved. Disclosure of personal records to an attorney or other representative who is acting on behalf of another person is prohibited, unless the individual to whom the record pertains has consented.

I, _____, hereby authorize the Centers for Medicare & Medicaid Services (CMS), its agents, and its contractors to disclose, discuss, and release, orally or in writing, information related to my workers' compensation injury and settlement to the individual(s) and firm(s) listed below. This consent is for my current workers' compensation claim and is on an ongoing basis. An additional consent to release will not be necessary unless and until I revoke this consent (which must be in writing).

Further, I have had the Workers' Compensation Medicare Set-Aside Arrangement need and process explained to me, and I approve of the contents of the submission.

Beneficiary Initials _____

PLEASE CHECK:

___ Claimant's attorney

(name and/or firm)

___ Employer's attorney

(name and/or firm)

___ Workers' compensation carrier

(name and/or firm)

X Other:

PMSI Settlement Solutions, LLC dba Optum Settlement Solutions
Post Office Box 31646, Tampa FL 33631
Phone: (813) 612-5500
Fax: (813) 612-5511

Claimant's signature

Date signed

Date(s) of injury

Social Security Number or Medicare Number (Health Insurance Claim Number/HCIN or Medicare ID)