

MEDICARE CONSENT FORM

Medicare Beneficiary _____

Address _____

Medicare Health Insurance Number _____

Social Security Number _____

Description of problem (Please include dates of service, names of hospitals, doctors, nursing facilities, suppliers, etc.)

Latest information received from the agency: _____

Date Received _____

Request U.S. Senator Bayh to: _____

Pursuant to the 1974 Privacy Act, this request must be signed by the involved constituent or legally appointed guardian, and returned to United States Senator Evan Bayh, 1650 Market Tower, 10 West Market Street, Indianapolis, IN 46204, telephone (317) 554-0750.

I hereby give U.S. Senator Evan Bayh, or his staff representative designated by him, authorization to contact Medicare on my behalf to obtain whatever information necessary to assist me with my inquiry.

Signed _____ Date _____

Guardian's name (if applicable) _____
Address _____