Form Approved OMB No. 0960-0566

Social Security Administration Consent for Release of Information TO: SOCIAL SECURITY ADMINISTRATION Date of Birth Social Security Number Name Address I authorize the Social Security Administration to release information or records about me to: Name Address Comprehensive Medical 344 Grove Street, #51 Jersey City, NJ 07302 Case Management, LLC I want this information released because: To establish my Social Security Disability status, date of entitlement to Medicare, and the basis for Medicare entitlement (disability or age) for the purpose of my Workers' Compensation or Liability claim to be obtained from the Social Security Administration. (There may be a charge for releasing information) Please release the following information: ■ Social Security Number ☐ Identifying information (includes date and place of birth, parent's names) ☐ Monthly Social Security benefit amount ☐ Monthly Supplemental Income payment amount ☐ Information about benefits/payments I received from ______ to _____. ☐ Information about my Medicare claim/coverage from ______ to _____. ■ Medical Records ■ Record(s) from my file (specify) Other (specify) – Medicare Health Insurance Claim # (HICN #), SSDI entitlement date, Medicare Part A, B & D entitlement dates, Date applied for disability benefits, Date SSDI payment started, current SSDI payment status, and current SSDI payment amount. This information may be faxed to Comprehensive Medical Case Management, LLC, Fax #201-413-5209. *Comprehensive Medical Case Management, LLC will be responsible for any charges that may apply for release of information.* I am the individual to whom the information/record applies or that person's parent if a minor or legal guardian. I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly give a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may fact other penalties, or both. Signature: _ (Show signatures, names and address of two people is signed by mark)

Relationship:

Date: _____