

**Consent to Release  
Liability Insurance (Including Self-Insurance), No-Fault Insurance,  
or Workers' Compensation**

**Where to find Information on “Consent to Release” vs. “Proof of Representation”**

Please refer to the PowerPoint document on this website titled: “Rules and Model Language for ‘Proof of Representation’ vs. ‘Consent to Release’ for Medicare Secondary Payer Liability Insurance (Including Self-Insurance), No-Fault Insurance, or Workers’ Compensation” for detailed information on

- **When to use a “consent to release” document vs. a “proof of representation” document,**
- Appropriate content for both documents,
- The need for appropriate documentation when there are two layers of representatives involved (examples: attorney 1 refers a case to attorney 2; the beneficiary’s guardian hires an attorney to pursue a liability insurance claim) or when a beneficiary’s representative signs a “consent to release” document on the beneficiary’s behalf,
- What liability insurers (including self-insurers), no-fault insurers, and workers’ compensation entities must have in order to obtain conditional payment information, and
- Use of agents by insurers’ or workers’ compensation.

**General**

A “consent to release” document is used by an individual or entity who does not represent the Medicare beneficiary but is requesting information regarding the beneficiary’s conditional payment information. A “consent to release” does not authorize the individual or entity to act on behalf of the beneficiary or make decisions on behalf of the beneficiary.

**Model Language**

See attached. Use of the model language is not required, but any documentation submitted as a “Consent to Release” must include the information the model language requests.

**Where to Submit a “ Consent to Release” document:**

**Liability Insurance, No-Fault Insurance, Workers’ Compensation:**

**NGHP**  
PO Box 138832  
Oklahoma City, OK 73113  
**Fax: (405) 869-3309**

MODEL LANGUAGE

**CONSENT TO RELEASE**

The language below should be used when you, a Medicare beneficiary, want to authorize someone other than your attorney or other representative to receive information, including identifiable health information, from the Centers for Medicare & Medicaid Services (CMS) related to your liability insurance (including self-insurance), no-fault insurance or workers' compensation claim.

I, \_\_\_\_\_ (print your name exactly as shown on your Medicare card) hereby authorize the CMS, its agents and/or contractors to release, upon request, information related to my injury/illness and/or settlement for the specified date of injury/illness to the individual and/or entity listed below:

**CHECK ONLY ONE OF THE FOLLOWING TO INDICATE WHO MAY RECEIVE INFORMATION AND THEN PRINT THE REQUESTED INFORMATION:**

(If you intend to have your information released to more than one individual or entity, you must complete a separate release for each one.)

Insurance Company       Workers' Compensation Carrier       Other \_\_\_\_\_  
(Explain)

Name of entity: \_\_\_\_\_

Contact for above entity: \_\_\_\_\_

Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

**CHECK ONE OF THE FOLLOWING TO INDICATE HOW LONG CMS MAY RELEASE YOUR INFORMATION**

(The period you check will run from when you sign and date below.):

One Year       Two Years       Other \_\_\_\_\_  
(Provide a specific period of time)

I understand that I may revoke this "consent to release information" at any time, in writing.

**MEDICARE BENEFICIARY INFORMATION AND SIGNATURE:**

Beneficiary Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Note: If the beneficiary is incapacitated, the submitter of this document will need to include documentation establishing the authority of the individual signing on the beneficiary's behalf. Please visit <https://go.cms.gov/cobro> for further instructions.

Medicare ID (The number on your Medicare card.): \_\_\_\_\_

Date of Injury/Illness: \_\_\_\_\_