



CLAIM SOLUTIONS

Wildewood Professional Park
3647 Cortez Road West, Suite 100
Bradenton, Florida 34210
Office 888-959-0692 | Fax 888-370-7030
www.franco-signor.com

PROOF OF REPRESENTATION AGENT AGREEMENT

(Beneficiary Name) _____ appoints the following company as their representative, which is an individual other than an Attorney:

Franco Signor, LLC
Wildewood Professional Park
3647 Cortez Road West, Suite 100
Bradenton, FL 34210
(888) 959-0692

As the designated Representative for (Beneficiary Name) _____, Franco Signor, LLC has the authority to communicate with CMS and COB&R/BCRC/CRC in regards to obtaining conditional payment information and/or a recovery demand letter, as well as disputing/negotiating any request for Conditional Payment Reimbursement on the following Medicare Beneficiary:

Medicare Beneficiary Information and Signature/Date:

Beneficiary's Name (print exactly as shown on your Medicare card): _____

Beneficiary's HICN (number on your Medicare card): _____

Date of Illness/Injury: _____

Beneficiary Signature

Date

Representative Signature/Date:

Miranda McAvoy

Miranda McAvoy
Recovery Department Manager

Date

*** This authorization is good for five years from the date of the beneficiary's signature. ***

Please forward all Correspondence to:

Franco Signor, LLC
Wildewood Professional Park
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