

Authorization for WWW.MYMEDICARE.GOV

Please indicate the following information:

I am NOT registered

*My Health.
My Medicare.*

Please fill out the following information.

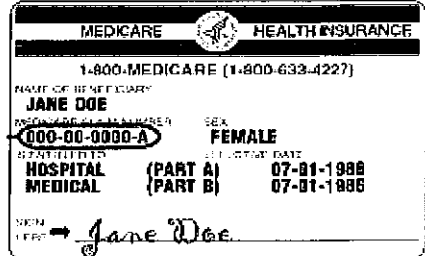
Medicare No.: _____

Last Name: _____

Date of Birth: _____

Gender: _____

Zip: _____



I am registered

Please fill out the following information.

Sign in ID.: _____

Password: _____

By signing this form I am giving STEPHENS & STEPHENS permission to access and/or register my account on www.mymedicare.gov

I, _____, give authorization to STEPHENS & STEPHENS to access/ or register my account on www.mymedicare.gov, for the purpose of Medicare Claims/ Liens.

I understand that once STEPHENS & STEPHENS has access/ or registers my account they will have access to my personalized information regarding my Medicare benefits and services.

Client Signature

Privacy/Confidentiality Standards

STEPHENS & STEPHENS recognizes the need to maintain confidentiality of your protected health information and is committed to protecting your privacy.