U.S. Senator John Cornyn

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Dallas, Texas 75244
(972) 239-1310 (Telephone)
(972) 239-2110 (Fax)

MEDICARE PRIVACY RELEASE FORM

I hereby authorize Senator John Cornyn to request on my behalf, pertinent to the Freedom of Information and Privacy Act of 1974, Title 5, Section 552A of the U.S. Code, access to information concerning me in the files of the following agencies _____
(Agency with which you are having difficulties). Additionally, Senator Cornyn is authorized to see any materials that may be disclosed pertinent to that request.

*****PLEASE BRIEFLY DESCRIBE YOUR DIFFICULTY ON A SEPARATE PAGE*****

Name: (Mr./Mrs./Ms.)_____
(Please Print Clearly)

Address:_____
(Street)

_____
(City, State, Zip)

Telephone Number:_____ Alternate Telephone:_____

E-Mail Address:_____

Social Security Number:_____ Date of Birth:_____

Please fill in appropriate case information (when applicable):

For Medicare Beneficiaries:

Medicare Claim Number: _____

Dates of Service for Specific Claim(s): _____

For Medicare Providers:

Medicare National Provider Identifier (NPI): _____

Provider Transaction Access Number (PTAN): _____

Last Five Digits of Tax Identification Number: _____

SIGNATURE:_____ DATE:_____

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