

DISCLOSURE/CONFIDENTIALITY OF INFORMATION

Form SSA-3288 Social Administration Consent for Release of Information

To: **Social Security Administration**

Name: _____ Date of Birth: _____ Social Security #: _____

I authorize the Social Security Administration to release information or records about me to:

NurseValue, Inc.

114 ½ W. Market Street

Mt. Carroll, IL 61053

Phone: 815-244-1330

I want this information released because: **There is a need to establish the date of my SSDI entitlement, my Medicare status date of entitlement for Medicare and basis for entitlement (disability or age). With regard to my Workers' Compensation claim, there is a need to determine if Medicare has any recovery rights for conditional payment of work injury related medical services.**

Have sufficient work quarters been earned to be eligible for Social Security benefits? yes no

Is the above listed individual receiving SSD or Retirement benefit? yes no

What is the individual's date of entitlement for Social Security Benefits? _____

Is the individual receiving Medicare? yes no

Medicare Part A entitlement date _____ Medicare Part B entitlement date _____

Please release the following information (There may be a charge for releasing information):

- Social Security Number
- Identifying information (includes date and place of birth, parent's names)
- Monthly Social Security benefit amount
- Monthly Supplemental Security 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) _____

Social Security entitlement status, date of entitlement or date of application if still pending, basis for entitlement, Medicare status, date of entitlement for Medicare, Supplemental Security Income entitlement, date of entitlement for Medicaid. If not a current Social Security recipient, include number of quarters paid in.

I am the individual to whom the information/record applies, parent or the legal guardian of that person. I know that if I make any representation, which I know is false to obtain information from Social Security, I could be punished by a fine or imprisonment or both.

Signature

(Show signatures, names, and address of two people if signed by mark)

Date

Relationship