

To obtain a copy of the Medicare Appeal case file, you must submit a completed Privacy Act Request Form.

- If you are the Medicare beneficiary in the above case, or represent the beneficiary as an attorney, family member, or friend, the beneficiary must complete and sign **Form A**.
- If you represent the beneficiary as the Legal Guardian, Power of Attorney, or Estate representative, you must complete and sign **Form B** and include the legal documentation that shows you are authorized to receive this information.

After you and/or the Medicare beneficiary complete and sign the appropriate form, you must send the form back to us at the following address:

Maximus  
3750 Monroe Avenue  
Suite 702  
Pittsford, NY 14534

Upon receipt of this form, we will send a copy of the Medicare Appeal case file to you.

## Privacy Act Request Instructions

The Privacy Act of 1974 gives Medicare beneficiaries or their authorized representatives the right to request a copy of their case files.

### Privacy Act Request Form (Form A).

If you are:

- A Medicare beneficiary;
- An attorney representing a beneficiary in the appeal;
- An immediate relative representing a beneficiary in the appeal;

Then the attached **Privacy Act Request Form (Form A)** must be completed and signed by the beneficiary whose case is being requested.

### Privacy Act Request Form (Form B)

If you are:

- A family member or representative of a deceased beneficiary or the beneficiary's estate: *Documentation confirming legal authority to act on behalf of decedent must be presented.*
- An attorney representing a deceased beneficiary: *Valid authorization signed by an authorized representative of the deceased and documentation authenticating the authority of the signatory on the release authorization to represent the decedent's estate must be presented.*
- Power of Attorney (POA): *A signed POA must be presented.*
- Legal Guardian: *Proof of guardianship must be presented.*

Then the attached **Privacy Act Request Form (Form B)** must be completed and signed by the Estate Representative, Power of Attorney, or Legal Guardian. Supporting documentation must be provided with Privacy Act Request Form (Form B).

## Privacy Act Request Form (FORM A)

I have a case at Maximus. Please provide me with a copy of my case file.

My name is \_\_\_\_\_  
(Please print your name)

My date of birth is: \_\_\_\_\_

My Medicare Appeal case file number is: \_\_\_\_\_

My appeal is for Medicare: Part A / Part B DME / Part C (Please circle one)

Please send a copy of my case file to:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

I certify that I am the individual named in this request whose records (which may include medical records) are being sought. I understand that a knowing and willful request for or acquisition of records pertaining to an individual under false pretenses is a criminal offense under the Privacy Act subject to a \$5,000 fine (45 Code of Federal Regulations, Section 5b.5(b)(2)(ii).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Privacy Act Request Form (FORM B)

Legal Guardian, Estate Representative, Power of Attorney

I am the Legal Guardian, Estate Representative, or have Power of Attorney for a Medicare beneficiary who has a case at Maximus. I am requesting a copy of this person's case file.

The Medicare case file number is \_\_\_\_\_

My appeal is for Medicare: Part A / Part B DME / Part C (Please circle one)

The name of the Medicare beneficiary is: \_\_\_\_\_  
(Please print beneficiary's name)

The Medicare beneficiary's date of birth is \_\_\_\_\_

My name is: \_\_\_\_\_

My relationship to the Medicare beneficiary is: \_\_\_\_\_

Please send a copy of the case file to:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

I certify that I am the Legal Guardian, Estate Representative or have Power of Attorney for the Medicare beneficiary named in this request whose records (which may include medical records) are being sought. I understand that a knowing and willful request for or acquisition of records pertaining to an individual under false pretenses is a criminal offense under the Privacy Act subject to a \$5,000 fine (45 Code of Federal Regulations, Section 5b.5(b)(2)(ii).

\_\_\_\_\_  
Signature (Legal Guardian, Estate Representative, or Power of Attorney)      Date

**Please attach the documentation appointing you as the Legal Guardian, Estate Representative or Power of Attorney** of the above-named Medicare beneficiary. Maximus cannot provide you with a copy of the case file without the appropriate documentation that appoints you as the authorized person to receive this information.