**CASE INFORMATION AND PRIVACY RELEASE FORM AUTHORIZATION**

***PLEASE PRINT***

_____

First Middle Last

Address: _____ Phone: **Home** _____

City and Zip Code: _____ **Cell** _____

Birthdate: _____ Social Security number: _____ **Work** _____

Email: _____

Identification/Claim/Case Number: _____

Do you have a claim pending with Medicare? _____ If so, when was it filed? _____

Brief description of problem **(Please attach copies of all supporting documents)**:

I authorize Congressman Bishop and his staff to receive any information that they may need in order to provide this assistance.

_____ ____/____/_____

Signature Date

*Note: In order to comply with the provisions of the Privacy Act of 1974 and to be of assistance with claim(s), it is necessary that your signature be on file.

Please print and mail to:

**Attention: Bilal Malik**
District Office
Congressman Timothy Bishop
3680 Route 112
Coram, NY 11727
Fax: 696-4520

Reset Form