

GUARANTEED LIENS

PROOF OF REPRESENTATION (HEALTHCARE)

Type of Beneficiary Representative (Check one below):

<input type="radio"/> Individual other than an Attorney	Name:	<input type="text"/>
<input type="radio"/> Attorney	Relationship to Beneficiary:	<input type="text"/>
<input type="radio"/> Guardian	Firm/Company Name:	<input type="text"/>
<input type="radio"/> Conservator	Address:	<input type="text"/>
<input type="radio"/> Power of Attorney	Telephone:	<input type="text"/>

ERISA/HEALTHCARE BENEFICIARY INFORMATION AND SIGNATURE / DATE

Beneficiary's Name (exactly as shown on Insurance card):	<input type="text"/>
Beneficiary's Healthcare Insurance Number:	<input type="text"/>
Date of Injury:	<input type="text"/>
Beneficiary / Representative Signature:	<input type="text"/>
Date Signed:	<input type="text"/>

ATTORNEY SIGNATURE / DATE

Attorney Signature:	<input type="text"/>
Date Signed:	<input type="text"/>

Please be advised that the above individual has agreed to allow **Guaranteed Liens** to receive any and all correspondence pertaining to their health insurance lien or reimbursement claim arising from the personal injury matter listed above.

By signing this agreement, the beneficiary authorizes **Guaranteed Liens** to communicate directly with the applicable ERISA plan administrator, health insurance carrier, third-party administrator, or recovery vendor regarding any reimbursement or subrogation claim associated with the beneficiary's medical benefits.

This authorization includes the right for **Guaranteed Liens** to:

- Request and obtain lien or reimbursement claim information
- Receive correspondence and claim documentation
- Submit documentation necessary for lien resolution
- Negotiate reductions, compromises, or settlements of the claim
- Dispute or appeal reimbursement demands when appropriate

This authorization is limited solely to matters concerning the health insurance reimbursement claim related to the injury referenced above.