

Employer Authorization
Regarding Administration of CMS Demands for
Payment as Medicare Secondary Payor

Date of Demand Letter: _____

Entity Sending Demand Letter: _____

Beneficiary Name:	Health Insurance Claim (HIC) Number	Date(s) of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This document serves as authorization to allow Blue Cross and Blue Shield of North Carolina to act on the company's behalf to resolve the debts in the matter referenced above. The Centers for Medicare & Medicaid Services, its Medicare contractors, their employees and agents, and the Department of the Treasury and its employees, contractors and agents may disclose to Blue Cross Blue and Shield of North Carolina any and all information related to the matter above, until the debt is closed.

Name of Employer

Authorized Employer Representative

Signature

Date