

VIP STRATEGIES LLC

PROOF OF REPRESENTATION

This proof of representation form follows the recommended language provided by the Centers for Medicare & Medicaid Services. This form should be used when you, the Medicare beneficiary, want to inform the Centers for Medicare & Medicaid Services that you have given another individual the authority to represent you and act on your behalf with respect to your claim for liability insurance, no-fault insurance, or workers' compensation, including releasing identifiable health information or resolving any potential recovery claim that Medicare may have if there is a settlement, judgment, award, or other payment. Your representative must also sign that he/she has agreed to represent you. This form also makes provisions for the information your representative must provide. VIP STRATEGIES LLC will be your representative for this process and will sign under the "Representative Signature" area located below.

REPRESENTATIVE TYPE:

Individual [Other Than Attorney] Attorney Guardian Conservator Power of Attorney

Name:	<u>Donna L. Zamora</u>
Relationship to Beneficiary:	<u>Third-Party Representative</u>
Firm and/or Company:	<u>VIP Strategies LLC</u>
Address:	<u>8816 Spanish Ridge Avenue</u> <u>Las Vegas, Nevada 89148</u>
Telephone:	<u>(702) 629-7900</u>

Medicare Beneficiary Information and Signature/Date:

Beneficiary's Name (please print exactly as shown on your Medicare card): _____

Beneficiary's Health Insurance Claim Number (number on your Medicare card): _____

Date of Illness/Injury for which the beneficiary has filed a liability insurance, no-fault insurance or workers' compensation claim: _____

Beneficiary's Signature

Date

Representative Signature/Date:

Representative's Signature

Date