**Letter of Authority**

DATE

|  |  |
| --- | --- |
| Sanderson Firm PLLC1001 3rd Ave. W.Suite 400Bradenton, FL 34205 | Beneficiary Name:  |
| SSN/MBI:  |
| Recovery ID:  |
| Date of Incident:  |

**Re: Authorization for Sanderson Firm PLLC for Medicare Secondary Payer Recovery Cases**

Dear Centers for Medicare and Medicaid Services (CMS):

This letter confirms that client name retained Sanderson Firm PLLC to work on its behalf to address any Medicare Secondary Payer recovery claims asserted against client name. This includes recovery actions by the Benefits Coordination & Recovery Center (BCRC), Commercial Repayment Center (CRC), U.S. Department of the Treasury (DOT), and any Medicare Advantage Plan Organization or their subrogation contractors. Sanderson Firm PLLC may take any action that client name would otherwise be entitled to take. Sanderson Firm PLLC has this authority for 5 years or until client name. revokes this authority in writing.

Sincerely,

Handwritten Signature

Signature Line