**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ExamWorks Compliance Solutions

1424 North Brown Road Suite 100

Lawrenceville, GA 30043

**Re: Authorization for ExamWorks Compliance Solutions for Medicare Secondary Payer Recovery Cases**

Dear ExamWorks Compliance Solutions:

This letter confirms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Insert RRE Here** has retained ExamWorks Compliance Solutions to work on its behalf to address any Medicare Secondary Payer recovery claim asserted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Insert RRE Here**. ExamWorks Compliance Solutions may take any action that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Insert RRE Here** would otherwise be entitled to take. ExamWorks Compliance Solutions has this authority for five years from the date of this letter or until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Insert RRE Here** specifically revokes this authority in writing.

Sincerely,

Representative Signature

Representative Name

Representative Title

Representative Address

Representative Phone Number