## CASE INFORMATION AND PRIVACY RELEASE FORM AUTHORIZATION

## PLEASE PRINT

First	Middle	Last	
Address:		Phone: Home	
City and Zip Code:		<u>Cell</u>	
Birthdate:	Social Security number:	Work	
Email:			
Identification/Claim/Case Numb	ber:		
Do you have a claim pending w	ith Medicare?	If so, when was it filed?	
Brief description of problem (Pl	lease attach copies of all supp	porting documents):	
I authorize Congressman Bishop assistance.	and his staff to receive any in	nformation that they may need in order to provide this	
Signature *Note: In order to comply with the signature be on file.	Date provisions of the Privacy Act of 1	1974 and to be of assistance with claim(s), it is necessary that	at your
Diago mint and mail to	A44 and and T	ing Wishou	

Please print and mail to:

Attention: Lisa Wieber
District Office
Congressman Timothy Bishop
3680 Route 112
Coram, NY 11727
Fax: 696-4520