

**CASE INFORMATION AND PRIVACY RELEASE FORM AUTHORIZATION**

**PLEASE PRINT**

\_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ Phone: **Home** \_\_\_\_\_

City and Zip Code: \_\_\_\_\_ **Cell** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security number: \_\_\_\_\_ **Work** \_\_\_\_\_

Email: \_\_\_\_\_

Identification/Claim/Case Number: \_\_\_\_\_

Do you have a claim pending with Medicare? \_\_\_\_\_ If so, when was it filed? \_\_\_\_\_

Brief description of problem (**Please attach copies of all supporting documents**):

\_\_\_\_\_

I authorize Congressman Bishop and his staff to receive any information that they may need in order to provide this assistance.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

\*Note: In order to comply with the provisions of the Privacy Act of 1974 and to be of assistance with claim(s), it is necessary that your signature be on file.

Please print and mail to:

**Attention: Bilal Malik**  
District Office  
Congressman Timothy Bishop  
31 Oak Street, Suite 20  
Patchogue, NY 11772  
Fax: 289-3181