

(Insert Letterhead)

On Letterhead from

Date:

Marker 28
444 Broadway, Suite 306
Saratoga Springs, NY 12866

Re: Authorization for Marker 28 for Medicare Secondary Payer Recovery Cases

Dear Marker 28:

This letter confirms **(RRE or Insurer)** has retained Marker 28 to work on its behalf to address any Medicare Secondary Payer recovery claim asserted against RRE or Insurer. Marker 28 has this authority for two years from the date of this letter or until **(RRE or Insurer)** specifically revokes this authority in writing.

Sincerely,

Representative Signature

Representative Name

Representative Title

Representative Address

Representative Phone Number