

The logo for 'maps Lien Resolution Services' features the word 'maps' in a small, brown, lowercase sans-serif font at the top left. Below it, the words 'Lien', 'Resolution', and 'Services' are stacked vertically in a large, bold, dark blue serif font. A large, light brown puzzle piece graphic is positioned behind the text, partially overlapping the words 'Lien' and 'Resolution'.

maps
**Lien
Resolution
Services**

Instructions for the BCRC Letter of Authority:

1. Fill in claimant information.
2. Place your company's name in the 3 spaces in the body of the letter.
3. Print out on your company's letterhead.
4. Sign letter.
5. Return to **maps**.

Letter of Authority

Date:

maps Lien Resolution Services, LLC
3850 N. Causeway Blvd, Suite 400
Metairie, LA 70002

RE: Authorization for Agent Company for Medicare Secondary Payer Recovery Cases

Claimant Name:

DOI:

Medicare #:

DOB:

Dear maps Lien Resolution Services, LLC:

This letter confirms _____ has retained **maps** Lien Resolution Services, LLC to work on its behalf to address any Medicare Secondary Payer recovery claim(s) asserted against the above referenced claimant. **maps** Lien Resolution Services, LLC may take any action that _____ would otherwise be entitled to take. **maps** Lien Resolution Services, LLC has this authority for two years from the date of this letter or until _____ specifically revokes this authority in writing.

Sincerely,

Printed Name:

Title: