



Two Lakeway Center
3850 N. Causeway Blvd. Suite 400
Metairie, LA 70002
Phone: 504-831-2141
Phone: 800-443-7351
Fax: 504-837-2566
www.maps-adr.com

PROOF OF REPRESENTATION

Type of Medicare/Medicaid Beneficiary Representative (Check one below and then print the requested information):

() Individual other than Attorney

() Attorney*

() Guardian*

Firm or Company Name: Specialty Metrics, LLC
a/k/a **maps Lien Resolution Services, LLC**

() Conservator*

Address: 3850 N. Causeway Blvd, #400

() Power of Attorney*

Metairie, LA 70002

(X) MSA Company

Telephone: 504-831-2141

*Note – If you have an attorney, your attorney may be able to use his/her retainer agreement instead of this language. (If the beneficiary is incapacitated, his/her guardian, conservator, power of attorney, etc. will need to submit documentation other than this model language.) Please visit www.msprc.info for further instructions.

Medicare/Medicaid Beneficiary Information and Signature/Date:

Beneficiary’s Name (please print exactly as shown on your Medicare and Medicaid card):

Beneficiary’s Health Insurance Claim Number (number on your Medicare and Medicaid Card):

Date of Illness/Injury for which the beneficiary has filed a liability insurance, no-fault insurance or workers’ compensation claim: _____

Beneficiary Signature _____ Date Signed: _____

maps LRS Representative Signature/Date:

maps LRS Representative Signature _____ Date Signed: _____