*(date)*

ExamWorks Clinical Solutions

2397 Huntcrest Way, Suite 200

Lawrenceville, GA 30097

**Re: Authorization for ExamWorks Clinical Solutions for Medicare Secondary Payer Recovery Cases**

Dear ExamWorks Clinical Solutions:

This letter confirms *(Insert Insurance Carrier Name here)* has retained ExamWorks Clinical Solutions to work on its behalf to address any Medicare Secondary Payer recovery claim asserted against *(Insert Insurance Carrier Name here)*. ExamWorks Clinical Solutions may take any action that *(Insert Insurance Carrier Name here)* would otherwise be entitled to take. ExamWorks Clinical Solutions has this authority for two years from the date of this letter or until *(Insert Insurance Carrier Name here)* specifically revokes this authority in writing.

Sincerely,

Representative Signature

Representative Name

Representative Title

Representative Address

Representative Phone Number