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Authorization for Requesting Social Security Status

To: Social Security Administration

Name

Date of Birth

Social Security No.

I authorize the Social Security Administration to release information or records about me to:

**First Review, Inc.
651 Holiday Drive
Foster Plaza 5, Suite 300
Pittsburgh, PA 15220**

I want this information released to a representative of First Review, Inc. to establish my Social Security Disability status, date of entitlement to Medicare and the basis for Medicare entitlement (disability or age) for the purposes of my Workers' Compensation claim.

Please release the following information:

- Social Security entitlement status;
- Date of SS entitlement;
- Date of application if still pending, basis for entitlement (disability, age, ESRD);
- Medicare status, date of entitlement for Medicare A, B, and D, Supplemental Security Income entitlement, Medicaid entitlement.

If not a current Social Security recipient, include number of eligible quarters.

I am the individual to whom the information/record applies, parent or legal guardian of that person. I know that if I make any representation which I know is false to obtain information from Social Security, I could be punished by a fine or imprisonment or both.

Signature: _____

Claimant: _____

(print name)

DO NOT FILL OUT BELOW THIS LINE

Is claimant currently a **Medicare** and/or **Medicaid (SSI)** recipient? Yes ___ No ___

Is claimant receiving:	Medicare Part A _____	Date of Entitlement _____
	Medicare Part B _____	Date of Entitlement _____
	Medicare Part D _____	Date of Entitlement _____

----- **If claimant is receiving Medicare/Medicaid benefits, do not continue to the next question.** -----

Is claimant receiving **SS Retirement Benefits**? Yes ___ No ___

Effective Date _____:

Is claimant receiving **SSD** benefits but is not yet a Medicare beneficiary? Yes ___ No ___

Date of entitlement to **SSD**: _____

Has a claim or request for hearing for **SSD/SSI** benefits been filed? Yes ___ No ___

Date of Application: _____

Is claimant insured for **SSD**? Yes ___ No ___

Initial PIA _____ 80% ACE _____ Fam Max _____

SSA Representative Signature _____ Date _____