

# **PROOF OF REPRESENTATION**

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

(  ) Individual other than an Attorney: Name: **Blackburn Group Inc. and its representatives including but not limited to Robert J. Blackburn and Kathryn T. Blackburn**

(  ) Attorney\* Relationship to the Medicare Beneficiary: **Medicare Vendor**

(  ) Guardian\* Firm or Company Name: **Blackburn Group, Inc.**

(  ) Conservator\* Address: **1173 Pittsford Victor Road, Suite 250,**  
**Pittsford, NY 14534**

(  ) Power of Attorney\* Telephone: **585-586-4530**

## **Medicare Beneficiary Information and Signature/Date:**

Beneficiary's Name (please print exactly as shown on your Medicare card): \_\_\_\_\_

Beneficiary's Health Insurance Claim Number (number on your Medicare 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: \_\_\_\_\_

## **Representative Signature/Date:**

Representative's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Blackburn Group, Inc., 1173 Pittsford Victor Road, Suite 250**

**Pittsford, NY 14534, Phone# 585-586-4530**