

**Proof of Representation**  
**Liability Insurance (Including Self-Insurance), No-Fault Insurance,**  
**or Workers' Compensation**

**Where to find Information on "Proof of Representation" vs. "Consent to Release"**

Please refer to the PowerPoint document on this website titled: "Rules and Model Language for 'Proof of Representation' vs. 'Consent to Release' for Medicare Secondary Payer Liability Insurance (Including Self-Insurance), No-Fault Insurance, or Workers' Compensation" for detailed information on:

- **When to use a "proof of representation" document vs. a "consent to release" document,**
- Appropriate content for both documents,
- Use of attorney retainer agreements as proof of representation if certain criteria are met,
- The need for appropriate documentation when there are two layers of representatives involved (examples: attorney 1 refers a case to attorney 2; the beneficiary's guardian hires an attorney to pursue a liability insurance claim) or when a beneficiary's representative signs a "consent to release" document on the beneficiary's behalf,
- What liability insurers (including self-insurers), no-fault insurers, and workers' compensation entities must have in order to obtain conditional payment information, and
- Use of agents by insurers' or workers' compensation.

**General**

Proof of representation is required in order for the MSPRC to communicate with and provide information to a Medicare beneficiary's representative. Once the MSPRC has the appropriate documentation, it can communicate with the representative and act upon requests made by the representative on behalf of the beneficiary. This includes furnishing conditional payment information and/or a recovery demand letter as well as addressing questions regarding the specific claims included in the conditional payment information, appeal requests or waiver of recovery requests.

**Model Language**

See attached. Use of the model language is not required, but any documentation submitted as a "Proof of Representation" document must include the information the model language requests.

**Where to Submit Proof of Representation:**

Liability Insurance (Including Self-Insurance)  
or No-Fault Insurance:

**Medicare Secondary Payer Recovery Contractor  
MSPRC Auto/Liability  
P.O. Box 33828  
Detroit, MI 48232-5828  
Fax: (734) 957-0998**

Workers' Compensation

**Medicare Secondary Payer Recovery Contractor  
MSPRC Workers' Compensation  
P.O. Box 33831  
Detroit, MI 48232-5831  
Fax: (734) 957-0998**

