

APPENDIX A

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____ authorize Senior Planning Services, its agents and representatives to procure, obtain, and disclose or furnish any and all information necessary to obtain Medicaid approval for _____.

I specifically authorize all government agencies, both state or federal, to send and disclose to Senior Planning Services, its agents and representatives, any of the Applicant's vital records, including but not limited to: Certified Death Certificates, proof of citizenship, residency or birth records for the purpose of ensuring the approval of the Applicant's Medicaid/Medicare application.

I authorize all financial institutions with which I have established accounts or otherwise conducted business with to release all information to any authorized representative of Senior Planning Services. I further authorize the release of information pertaining to any income I receive including but not limited to social security, pension, or retirement benefits.

I authorize Senior Planning Services to act on the Applicant's behalf in filing any necessary documentation necessary to obtain Medicaid benefits. I also authorize Senior Planning Services to conduct any face to face interviews necessary to obtain Medicaid benefits. I authorize all government agencies to release any information pertaining to my Medicaid application to Senior Planning Services or its agents and representatives.

I authorize Senior Planning Services & its agents or representatives to provide copies of any Medicaid Applicant records to any and all individuals as required by Medicaid or to as necessary to obtain Medicaid approval. I also authorize Senior Planning Services to communicate with the Applicant's current and/or potential healthcare providers regarding the status of the Medicaid application and to receive or disclose all Applicant information as necessary, for the purpose of ensuring the Applicant's acceptance into such provider's healthcare program.

I will cooperate with Senior Planning Services, its agents and representatives. I further acknowledge that this authorization for the release of information shall be in effect until a written revocation is delivered to Senior Planning Services LLC.

A photocopy of this Authorization shall be considered as valid as the original.

John Smith

Signature of Applicant/Authorized Representative

3/24/2020

Date