

## February 1, 2024

ATTN: SUBROGATION

CMS

Medicare Secondary Payer Recovery

By fax - (405) 869-3309

My Client: Gustavo Alvarez
Date of Loss: September 21, 2023

Date of Birth: May 1, 1993 SS #: 638-42-1995

To Whom It May Concern:

This office represents the interests of Gustavo Alvarez, who was injured in an accident on September 21, 2023.

Our office is requesting a current ledger showing all bills received and all payments made related to the September 21, 2023 incident.

If you have any questions or need additional information, please call our office or email aflores@ramoslaw.com.

Sincerely,

RAMOS LAW

Andres Flores

Client Relations Specialist

/af

## AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

hereby authorizeC				
elease medical inform	ation from		ords of: f Facility)	
Patient Name: Gustavo	Alvarez <b>D</b>	. <b>O.B.</b> May	1, 1993 <b>S</b> \$	<b>S#</b> 638-42-1995
Patient Street Address		Wagon Tra	ain Loop	City: Peyton
State: CO Zip Code: 8	30831			
rate(s) of Treatment Requested: 9/2	21/2023 to pres	sent.		
nformation to be disclosed (check		items to be re	_ '	_
Discharge Summary	□ER Record		□Progress Notes	☐Treatment Plans
Discharge Instructions	□X-Rays Rep		☐Medication Records	□Commitment Papers
History and Physical	□Lab Reports		□Doctor's Orders	☐HIV Testing
Consultations	□EKG/ECG		□Nurse's Notes	
Operative Report Other (please specify): Subro - Lec	□Therapy No dger	otes		
urpose Or Need For the Disclosu	re Is:			
☐Continued Medical Care	□Insurance	XLegal	□Patient's Own Use	Other
he Information May Be Disclose	u 10.			
	10 No PH	amos Law 190 Bannock St orthglenn, CO 8t I: (303) 733-63 X: (303) 865-56	0260 53	
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