*LETTERHEAD*

Date

Elizabeth Sooy

Carpenter, McCadden & Lane, LLP

6000 Brooktree Road, Suite 200

Wexford, PA 15090

 **RE: Letter of Authority for Medicare Secondary Payer Recovery Case**

 ***Claimant Name* v. *Employer***

 **Medicare Number: ­­­**

 **WCAIS Claim Number:**

 **Claim Number:**

 **Date of Injury:**

 **CML File Number:**

Dear Carpenter, McCadden & Lane, LLP:

 This letter confirms that *CARRIER* has retained Carpenter, McCadden & Lane, LLP to work on its behalf to address any Medicare Secondary Payer recovery claim asserted against *EMPLOYER*, through its insurance carrier, *CARRIER*. Carpenter, McCadden and Lane may take any action that *CARRIER* would otherwise be entitled to take. Carpenter, McCadden & Lane has this authority for two years from the date of this letter or until *CARRIER* specifically revokes this authority in writing.

 Thank you for your kind attention to this matter.

 Sincerely,

 *ADJUSTER NAME*

*COMPANY*

*PHONE NUMBER*