*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*