



BEN CARDIN
MARYLAND
United States Senate



PRIVACY ACT FORM – MEDICAID OR MEDICARE ISSUE

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concern to be released to the office of U.S. Senator Ben Cardin. Carefully read the form and legibly print all information requested. Altered or reproduced forms will not be accepted.

NAME: _____

ADDRESS: _____

CITY, STATE: _____ **ZIP CODE:** _____

EMAIL: _____

PHONE: _____ **DATE OF BIRTH:** _____

MEDICARE #: _____ **PARTICIPANT:** MINOR CHILD ADULT

Please indicate the type of coverage: MEDICARE MEDICAID **SSN#:** _____

If regarding a claim, please provide the date of medical service: _____

SUMMARY

On the lines below, please briefly describe the issue and explain how you would like Senator Cardin to assist you. You may also attach additional supporting documents.

SIGNATURE

DATE

Return form by mail:

U.S. Senator Ben Cardin
100 S. Charles Street
Tower 1, Suite 1710
Baltimore, MD 21201

Return form by fax:

(410) 962-4156

Return form by email:

casework@cardin.senate.gov

