

**DEPARTMENT OF
HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES**

NAME (Print or Type)

H.I. CLAIM NUMBER

SECTION I APPOINTMENT OF REPRESENTATIVE

I appoint this individual: _____
(Print or type name and address of individual you want to represent you)

to act as my representative in connection with my claim or asserted right under Titles XI, or XVIII of the Social Security Act. I authorize this individual to make or give any request or notice; to present or to elicit evidence; to obtain information; and to receive any notice in connection with my claim wholly in my stead.

SIGNATURE (Beneficiary)

ADDRESS

TELEPHONE NUMBER

DATE

(Area Code)

SECTION II ACCEPTANCE OF APPOINTMENT

I, _____, hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration or the Centers for Medicare & Medicaid Services; that I am not, as a current or former officer or employee of the United States, disqualified from acting as the claimant's representative; and that I will not charge or receive any fee for the representation unless it has been authorized in accordance with the laws and regulations referred to on the reverse side hereof. In the event that I decide not to charge or collect a fee for the representation I will notify the Social Security Administration and the Centers for Medicare & Medicaid Services (completion of Section III (optional) satisfies this requirement).

I am a / an _____
(Attorney, union representative, relative, law student, etc.)

SIGNATURE (Representative)

ADDRESS

TELEPHONE NUMBER

DATE

(Area Code)

SECTION III (Optional) WAIVER OF FEE OR DIRECT PAYMENT

(Note to Representative: You may use this portion of the form to waive a fee or to waive direct payment of the fee from withheld past-due benefits.)

I waive my right to charge and collect a fee for representing _____
_____ before the Social Security Administration or the Centers for Medicare & Medicaid Services.

SIGNATURE

DATE

(See important information on reverse)
FORM CMS-1696-U4 (10-84)

CHARGING OF FEES FOR REPRESENTING BENEFICIARIES BEFORE THE SOCIAL SECURITY ADMINISTRATION

An attorney, or other representative, who wishes, to charge a fee for services rendered in connection with a claim before the Social Security Administration is required by law to obtain approval of the fee from the Social Security Administration or the Centers for Medicare & Medicaid Services (section 206(a) and 1631(d)(2) of the Social Security Act; sections 404.1720 and 416.1520 of the Social Security Administration Regulations Nos. 4 and 16, respectively). If the representative wishes to waive a fee or to waive direct payment of the fee from past-due Social Security benefits, he may do so. Section III on the front of this form can be used for that purpose.

The form SSA-1560-U4, "Petition to Obtain Approval of a Fee for Representing a Beneficiary before the Social Security Administration," elicits the information required to be submitted in support of fee petitions. It should be completed by the representative after services are completed and the original and the third carbon copy of the SSA-1560-U4 filed with the office of the Social Security Administration or the Centers for Medicare & Medicaid Services which took the latest action on the claim. The representative is required to furnish the "Claimant's/Beneficiary's Copy" of the SSA-1560-U4 petition to the claimant for whom the services were rendered.

Social Security Administration approval of a fee is *not* required where the fee is for services (1) rendered in an official capacity such as that of legal guardian, committee, or similar court-appointed office and the court has approved the fee in question, (2) in representing the beneficiary before a court of law, or (3) in representing the beneficiary in a claim for reimbursement of medical expenses exclusively handled by a private intermediary. Where a representative has rendered services in a claim before the Social Security Administration and a court of law, the regulations require that the amount of the fee to be charged, if any, for services performed before the Social Security Administration be specified. If any fee is to be charged for such services, a petition for approval of that amount must be submitted. In this connection a claim which has been remanded by a court to the Social Security Administration for further administrative proceedings is considered to be before the Social Security Administration after the remand by the court.

AUTHORIZATION OF FEE

The social security regulations contemplate that a representative will receive fair value for the services performed before the Social Security Administration on behalf of a claimant while at the same time giving a measure of security to the beneficiaries. In approving a requested fee, the Social Security Administration or the Centers for Medicare & Medicaid Services considers the nature and type of services performed, the complexity of the case, the level of skill and competence required in rendition of the services, the amount of time spent on the case, the results achieved, the level of administrative review to which the representative carried the claim and the amount of the fee requested by the representative. When a fee is authorized, both the representative and the claimant are notified and allowed 30 days in which to request an administrative review in case of disagreement.

CONFLICT OF INTEREST

Sections 203, 205 and 207 of Title XVIII of the United States Code make it a criminal offense for certain officers, employees and former officers and employees of the United States to render certain services in matters affecting the Government or to aid or assist in the prosecution of claims against the United States.