

## U.S. Representative Mike Rogers 3<sup>rd</sup> District Alabama **Privacy Release Form for** Champus/Tricare/Medicare/FEP Insurance Casework Please print or type:

Full Name of Insured: (last)		(first)	(MI)
Full Name of the Person Being Treate	ed:		
Relationship to the Insured Person: _			······
Street Address:			
City:			
Home Phone:	Work Phone:		
	Insurance #:		
Provider of Treatment:	Date of Treatment:		of Treatment:
Reason for Requesting Assistance: (I documents, etc., that you feel will b		<u> </u>	<u> </u>
Pursuant to the Privacy Act of 1974	*	-	
release personal information to Conassist me with the above matter.	ngressman M	ike Kogers and/or his s	taff in order for him to
Signature:		D	ate://
If you live in: Calhoun, Cherokee,	If you live in	1: Chambers, Lee,	If you live in: Coosa,
Clay, Cleburne, Randolph, or		allapoosa County	Macon or Montgomery
Talladega County	3.6.11.4		County
Mail to:	Mail to:	n Milro Dogger	Mail to:
Congressman Mike Rogers 1129 Noble Street, Room 104	_	n Mike Rogers ell Parkway, Suite 203	Congressman Mike Rogers 7550 Halcyon Summit Driv
Anniston, AL 36201	Opelika, AL	-	Montgomery, AL 36117