



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Medicare Hearings and Appeals

IDENTITY VERIFICATION

INSTRUCTIONS

If the Office of Medicare Hearings and Appeals (OMHA) has asked you to verify your identity, for instance, in order to receive notification of whether the OMHA has any records in which you are identified, please complete this form.

Form with fields for Name, Date of Birth, Social Security Number, Street Address, City, State, ZIP Code, Phone Number, and E-Mail Address.

VERIFYING YOUR IDENTITY

In order to verify your identity, you must have the statement below notarized by an official notary public.

I _____, certify that I am in fact the individual I claim to be. I understand that the knowing and willful request for or acquisition of a record pertaining to an individual under false pretenses is a criminal offense under the Privacy Act subject to a \$5,000 fine.

Notary section with fields for Individual's Name, Signature, Date, Notary Public's Name, Signature, Date, and Notary's Expiration Date, along with a NOTARY SEAL area.

PRIVACY ACT STATEMENT

The legal authority for the collection of information on this form is authorized by the Social Security Act (section 1155 of Title XI and sections 1852(g)(5), 1860D-4(h)(1), 1869(h)(I), and 1876 of Title XVIII). The information provided will be used to further document your appeal.