

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

Name		Date of Birth		Social Security Number		-
· vanie		Bate of Birtin			Coolai Coodiny Namboi	
Street Address						
City			State		ZIP Code	_
Phone Number	E-Mail Addre	SS				_
()						
	VERIFYING YO	UR IDENTITY				=
Iunderstand that the knowing and willful reis a criminal offense under the Privacy Act Individual's Name	subject to a \$5,000 f	n of a recor ine.	ertify tha d pertair	ning to an indiv	he individual I claim to be vidual under false pretense NOTARY SEAL	.
Individual's Signature		Date				
Notary Public's Name	<u>'</u>					
Notary Public's Signature		Date		Notary's Expiration Date		
						_

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. The Social Security Number will be used to verify the identity of the individual appellant. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your appeal. Information you furnish on this form may be disclosed by the Office of Medicare Hearings and Appeals to another person or governmental agency only with respect to the Medicare Program and to comply with Federal laws requiring the disclosure of information or the exchange of information between the Department of Health and Human Services and other agencies.

HHS-733 (8/05) PSC Media Arts (301) 443-1090 EF