

MEDICARE REPORTING AFFIDAVIT AND
INDEMNIFICATION OF THE CITY OF DETROIT BY THE
CLAIMANT/PLAINTIFF

_____, being first duly sworn, deposes and says that I have
filed a claim and/or lawsuit against the City of Detroit:

1. I certify under penalty of law that this Affidavit and all attachments were prepared with my knowledge and were reviewed by me. The information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for known violations. **I hereby state under oath and subject to any penalties for perjury that the information contained in this Affidavit is true, correct and accurate.**

2. I hereby understand that the City of Detroit will be relying upon this information in order to provide all of the required information to the United States Government, Department of Health and Human Services, Center for Medicare and Medicaid Services or their Medicare contractor in accordance with the Medicare, Medicaid and SCHIP Extension Act of 2007 and to be in compliance with the Medicare Secondary Payer Laws.

Circle One

3. I am currently receiving Medicare Benefits..... yes or no
4. I will be Sixty Five years old within three years..... yes or no
- 4a. I have applied for Social Security Disability Benefits..... yes or no
5. I have received a Social Security Disability Award Letter and attached a copy hereto.....yes or no

6. Attached is a copy of my Social Security Disability Application.....yes or no

7. Attached is a copy of my Social Security denial letter and my appeal of said denial..... yes or no

Circle One

8. I have End Stage Renal Disease.....yes or no

9. That my full name and all aliases are:

10. That my City of Detroit File Number is:

11. That my address is:

12. That my Attorney's Name, Address and Contact Numbers are:

13. That my Date of Birth is:

14. That my Social Security Number is:

15. That my Medicare HIC Number, if applicable is:

16. That I am attaching copies of the following information:

- a. Copy of the Judgment yes or no
- b. Medical Records yes or no
- c. Specific Description of my injuries

Circle One

17. Has anyone ever prepared for you:

- a. A Life Care Plan..... yes or no
- b. Medicare Set Aside Cost Projectionsyes or no
- c. Life expectancy projectionyes or no

If yes to any questions above in #17, submit a copy to the City of Detroit.

18. What specific body parts were impacted by the Injury/illness:

19. That my Gender is: _____ Male _____ Female

20. That the accident which gave rise to this Claim/Lawsuit occurred on: (Date)

21. On _____ (Date), a Settlement or Judgment of my Claim/Lawsuit was agreed to/rendered for the total amount of _____ Dollars (\$_____).

22. On the date of the accident/event, did any household family member own an automobile with valid No Fault Insurance coverage.....yes or no

I, _____, HAVE READ THE ABOVE MEDICARE REPORTING AFFIDAVIT AND STATE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT IN THE EVENT THAT THE CITY OF DETROIT IS HELD LIABLE DUE TO ANY MISINFORMATION OR OMISSION OF INFORMATION BY AFFIANT IN THIS AFFIDAVIT, AFFIANT SHALL INDEMNIFY, HOLD HARMLESS AND REIMBURSE THE CITY OF DETROIT FOR ALL PAYMENTS, DAMAGES, MONIES, COSTS, ATTORNEY'S FEES, EXPENSES, MEDICARE LIENS, MEDICARE DEMANDS FOR REIMBURSEMENT, MEDICARE OFFSETS , MEDICARE FINES, MEDICARE PENALTIES AND ANY MEDICARE PAYMENTS INCURRED BY THE CITY OF DETROIT RESULTING FROM SAID OMISSION OR MISINFORMATION. FURTHER, I SHALL FULLY COOPERATE WITH THE CITY OF DETROIT IN ANY DISPUTE OR MATTERS RELATED TO THIS INCIDENT INVOLVING MEDICARE AND SHALL EXECUTE ALL DOCUMENTS REQUIRED OR REQUESTED BY THE CITY OF DETROIT, MEDICARE OR ITS AGENTS THAT MAY BE REQUIRED OR NECESSARY TO RESOLVE ANY SAID DISPUTE OR MATTER. FURTHER AFFIANT SAITH NOT.

SIGNATURE OF THE CLAIMANT/PLAINTIFF

This Medicare Reporting Affidavit and Indemnification was acknowledged, subscribed and sworn to before me this _____ day of _____, 2010, by _____, who hereby declares under penalty of perjury under the laws of the State of Michigan that he or she is authorized in fact and law to execute this Medicare Reporting Affidavit and Indemnification.

Notary Public, County of _____, State of _____

My Commission Expires: _____

NOTE: SHOULD THIS RELEASE BE SIGNED BY THE CLAIMANT/PLAINTIFF OUTSIDE OF THE STATE OF MICHIGAN THAT FACT MUST BE NOTED IN THE APPROPRIATE AREA ABOVE AND THE OUT OF STATE NOTARY MUST ATTACH A CERTIFICATE OF NOTARIAL AUTHORITY FROM THE STATE HE OR SHE IS AUTHORIZED TO ACT AS A NOTARY.