**NOTE: THIS FORM MAY NOT BE MODIFIED**

Collection of Social Security Number or Individual Taxpayer Identification Number for Payment of Medical Expenses by the Sponsor **when the Insurance Provider is Medicare**

IRB STUDY NUMBER: \_\_-\_\_\_\_\_

Before the Sponsor can pay medical expenses on your behalf, the University must provide your name, date of birth, and Social Security number (SSN) or Individual Taxpayer Identification number (ITIN) to the Sponsor. The Sponsor will use this information to determine whether you have health care insurance through Medicare. If you do have health insurance through Medicare, the Sponsor will report to Medicare any payment that the Sponsor makes toward your medical expenses. Signing this form gives the University permission to disclose your name, date of birth, and SSN or ITIN to the Sponsor and the Sponsor permission to use this information solely for the determining whether you have health care insurance through Medicare and any associated reporting requirements to Medicare. It does not permit the Sponsor to use your SSN or ITIN for other, unrelated purposes.

 I am willing to provide my SSN or ITIN so that the Sponsor may determine whether I have health care insurance through Medicare and report to Medicare any payment that the Sponsor makes toward my medical expenses.

 My SSN or ITIN is:  \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

 I am not willing to provide my SSN or ITIN.  I understand that the Sponsor will not pay any medical claims on my behalf unless I provide my SSN or ITIN.

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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