

Logan Settlement Services, LLC
28175 Haggerty Road
Novi, MI 48377
Phone: (248) 865-3900

Authorized Representative:

Debra J. Iacovacci
Operations Manager

Date

LETTER OF AUTHORITY

Re: Authorization for Logan Settlement Services, LLC for BCRC/CRC Cases

CLAIMANT:

DATE OF INJURY:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

Dear Logan Settlement Services, LLC:

This letter confirms that our company (named below) has retained Logan Settlement Services, LLC to work on its behalf to address any Benefits Coordination and Recovery Center (BCRC)/Commercial Repayment Center (CRC) claims asserted against our company in relation to the above captioned claimant. Logan Settlement Services may take any action that our company would otherwise be entitled to take, including, but not limited to, developing the case, requesting conditional payment letter, requesting updated conditional payment letter, disputing claims, submitting notice of settlement, requesting final demand and submitting appeals as necessary. Logan Settlement Services, LLC has this authority for two years from the date of this letter or until our company specifically revokes this authority in writing.

Sincerely,

X _____
Signature

Date: _____

Printed Name

Title:

Company:

Tel: