



Non-Medicare Member Appointment of Representative Statement

SECTION I APPOINTMENT OF REPRESENTATIVE

Member Name

Member ID Number

Name of Provider in Question

Dates of Service

\$ _____
Amount of Charges

Requested Service (Pre-Service)

I do hereby swear that I am the above-mentioned member or have the legal authority to appoint a representative for the above-mentioned member. I do hereby appoint the following individual _____ to act as my representative in requesting a reconsideration from the above-referenced health plan and for the services for which the above-referenced health plan has denied payment or authorization.

Member's Signature

Date

SECTION II ACCEPTANCE OF APPOINTMENT

I, _____ hereby accept the above appointment.
(Appointed Representative)

Signature of Appointed Representative

Date