**Member Authorization Form for a Designated Representative to Appeal a Determination**

**TO:** Appeals Department

**DATE:** 9/24/2014

**Member Name:** **DOB:** \_\_\_\_\_\_\_\_\_\_

**Member #:** \_\_\_\_\_\_\_\_\_\_ **DOS:** \_\_\_\_\_\_\_\_\_\_

I hereby authorize **SELECT COMPANY NAME!!!!!! on behalf of SELECT PROVIDER!!!!!!!** to appeal the determination concerning the above referenced claim on my behalf, as my Designated Representative, and, as part of the appeal, I hereby authorize **Insurance Company Name Here** in its decision letter and in connection with the processing of my appeal, to communicate with my Designated Representative in all aspects of the appeal. I understand that these communications may contain the following:

All medical and benefits information contained in my insurance file pertaining to the claim made by **SELECT COMPANY NAME!!!!!!**.

I understand this information is privileged and confidential and will only be released as specified in this Authorization, or as required or permitted by law. **This authorization is valid until appealed claim is resolved.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Patient or Legal Guardian/Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Witness (Please Print)

Signature of Designated Representative of **SELECT COMPANY NAME!!!!!!**

**YOUR NAME HERE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designated Representative of **SELECT COMPANY NAME!!!!!!** (Please print)

**YOUR JOB TITLE HERE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (Designated Representative) or Relationship to Member

Last update: September 24, 2014