



**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