



APPOINTMENT OF REPRESENTATIVE

(Pursuant to 20.2 of Medicare Parts C&D Enrollee Grievances,
Organization/Coverage Determinations and Appeals Guidance)

Name of person appointing a representative	Medicare claim number (HIC #), Beneficiary Identifier or plan ID number

1. Appointment of Representative

To be completed by the person seeking representation:

I appoint this individual _____, to act as my representative in connection with my claim or asserted right at issue under Title XVIII of the Social Security Act (the Act) and related provisions of Title XI of the Act. I also authorize this individual to make any request and to receive, present or to elicit evidence; to obtain appeals information; and to receive any notice in connection with my claim, appeal, grievance or request in my place. I understand that personal medical information related to my request may be disclosed to the representative indicated below.

Signature of Person Appointing a Representative

Date signed

Street Address

Phone Number (with area code)

City, State and Zip Code

Email Address (optional)

2. Acceptance of Appointment

To be completed by the representative:

I, _____, hereby accept the above appointment. I certify that I have not been disqualified, suspended or prohibited from practice before the Department of Health and Human Services (DHHS); that I am not, as a current or former employee of the United States, disqualified from acting as the party's representative; and that I recognize that any fee may be subject to review and approval by the Secretary.

I am a/an _____ (Professional status or relationship to the party, e.g., attorney, relative, etc.)

Signature of Person Appointing a Representative

Date signed

Street Address, City, State and Zip Code

Phone Number (with area code)



3. Expiration of Appointment

Unless otherwise revoked in writing, this Appointment and authorization will expire one year from the date of the last signature.

4. Where to Send this Form

Send this form to the same location where you are sending (or have already sent) your: appeal if you are filing an appeal; grievance or compliant if you are filing a grievance or compliant; or an initial determination or decision if you are requesting an initial determination or decision.