



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 Bonnie Darlington 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, Bonnie Darlington hereby accept the above appointment.
(Appointed Representative)

BONNIE DARLINGTON

Signature of Appointed Representative

Date