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Appointed representative application form



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 XVII 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)

05/2019

Student Data		Department and School of Education		Date	
Name		Institution		Page No.	
Section					
1. Motivation Date					
2. Definitions					
(a) Definition of Motivation (b) Definition of Motivation (c) Definition of Motivation (d) Definition of Motivation (e) Definition of Motivation (f) Definition of Motivation (g) Definition of Motivation (h) Definition of Motivation (i) Definition of Motivation (j) Definition of Motivation (k) Definition of Motivation (l) Definition of Motivation (m) Definition of Motivation (n) Definition of Motivation (o) Definition of Motivation (p) Definition of Motivation (q) Definition of Motivation (r) Definition of Motivation (s) Definition of Motivation (t) Definition of Motivation (u) Definition of Motivation (v) Definition of Motivation (w) Definition of Motivation (x) Definition of Motivation (y) Definition of Motivation (z) Definition of Motivation					
3. Examples					
(a) Example of Motivation (b) Example of Motivation (c) Example of Motivation (d) Example of Motivation (e) Example of Motivation (f) Example of Motivation (g) Example of Motivation (h) Example of Motivation (i) Example of Motivation (j) Example of Motivation (k) Example of Motivation (l) Example of Motivation (m) Example of Motivation (n) Example of Motivation (o) Example of Motivation (p) Example of Motivation (q) Example of Motivation (r) Example of Motivation (s) Example of Motivation (t) Example of Motivation (u) Example of Motivation (v) Example of Motivation (w) Example of Motivation (x) Example of Motivation (y) Example of Motivation (z) Example of Motivation					
4. Conclusion					
(a) Conclusion of Motivation (b) Conclusion of Motivation (c) Conclusion of Motivation (d) Conclusion of Motivation (e) Conclusion of Motivation (f) Conclusion of Motivation (g) Conclusion of Motivation (h) Conclusion of Motivation (i) Conclusion of Motivation (j) Conclusion of Motivation (k) Conclusion of Motivation (l) Conclusion of Motivation (m) Conclusion of Motivation (n) Conclusion of Motivation (o) Conclusion of Motivation (p) Conclusion of Motivation (q) Conclusion of Motivation (r) Conclusion of Motivation (s) Conclusion of Motivation (t) Conclusion of Motivation (u) Conclusion of Motivation (v) Conclusion of Motivation (w) Conclusion of Motivation (x) Conclusion of Motivation (y) Conclusion of Motivation (z) Conclusion of Motivation					

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Form Approved
OMB No. 0938-0065

APPOINTMENT OF REPRESENTATIVE

NAME OF BENEFICIARY/MEDICARE NUMBER	
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SECTION I: APPOINTMENT OF REPRESENTATIVE

To be completed by the beneficiary:

I appoint this individual: _____ to act as my representative in connection with my appeal or asserted right under Title XVII of the Social Security Act (the "Act") and related provisions of Title XI of the ACA. I authorize this individual to make any request; to present or to elicit evidence; to obtain appeals information; and to receive any notice in connection with my appeal, wholly in my stead. I understand that personal medical information from my appeal may be disclosed to the representative indicated below.

SIGNATURE OF BENEFICIARY DATE	
STREET ADDRESS PHONE NUMBER (AREA CODE)	
CITY STATE ZIP	

SECTION II: 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; that I am not, as a current or former employee of the United States, disqualified from acting as the beneficiary'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, , RELATIVE, ETC.)	
SIGNATURE DATE	
STREET ADDRESS PHONE NUMBER (AREA CODE)	
CITY STATE ZIP	

SECTION III: WAIVER OF FEE FOR REPRESENTATION

Instructions: This form must be filled out if the representative waives a fee for such representation. (Note that providers or suppliers may not charge a fee for representation and thus, all providers or suppliers that furnished the items or services at issue must complete this section.)

I waive my right to charge and collect a fee for representing _____ before the Secretary of the Department of Health and Human Services.	
SIGNATURE DATE	

SECTION IV: WAIVER OF PAYMENT FOR ITEMS OR SERVICES AT ISSUE

Instructions: Providers or suppliers that furnished the items or services at issue must complete this section if the appeal involves a question of liability under section 1879(a)(2) of the Act. (Section 1879(a)(2) generally addresses whether a provider/supplier or beneficiary did not know, and could not reasonably be expected to know, that the items or services at issue would not be covered by Medicare.)

I waive my right to collect payment from the beneficiary for furnished items or services at issue involving 1879(a)(2) of the Act.	
SIGNATURE DATE	

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