



Individual Authorized Representation

You may appoint any individual (such as a relative, friend, advocate, attorney, physician or other prescriber, or an employee of a pharmacy, charity, state pharmaceutical assistance program or other secondary payer) to act as your representative. A representative who is appointed by the court or who is acting in accordance with State or other applicable laws may also file a grievance or a request for a coverage determination, or appeal on your behalf. A surrogate could include, but is not limited to, a court appointed guardian, an individual who has Durable Power of Attorney or a health care proxy, or a person designated under a health care consent statute.

You have two options to appoint an Authorized Representative. One option is to go to CMS Appointment Form at <http://www.cms.hhs.gov/cmsforms/downloads/cms1696.pdf> Or, your second option is to use an equivalent written notice. A notice is an "equivalent written notice" if it:

1. Includes your name, address and phone number.
2. Includes your HICN.
3. Includes the name, address and telephone number of the individual you're appointing.
4. Contains a statement that you're authorizing the representative to act on your behalf for the claim(s) at issue, and a statement authorizing disclosure of individually identifying information to the representative;
5. Is signed and dated by you.
6. Is signed and dated by the individual being appointed as your representative, accompanied by a statement that the individual accepts the appointment.

Once your form is completed, please send it to HealthPartners at:

HealthPartners
P.O. Box 9463
Minneapolis, MN 55440-9463

Or fax the form to us at 952-853-8746.