



## **Instructions for Completing the Appointment of Representative Form**

You can ask anyone you want to help you with your Medicare Plan, if this person agrees to help you in this way, s/he is your Authorized Representative. Your Authorized Representative can be someone appointed to make decisions for you, such as a guardian or health care proxy, or attorney-in-fact.

### **Section I: Appointment of Representative**

The ATRIO Health Plans member must complete this section of the form providing:

- The name of the person they are appointing to act as their representative
- Member signature
- Date of Appointment
- Member address (street address, city, state and zip code)
- Member phone number (with area code)

### **Section II: Acceptance of Appointment**

This section must be completed by the person accepting the appointment of representative providing:

- Representative name
- Professional status or relationship to the member
- Representative signature
- Date of Acceptance
- Representative address (street address, city, state and zip code)
- Representative phone number (with area code)

### **Section III: Waiver of Fee for Representation**

The Representative should fill out this section if s/he waives a fee for representation. 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. This section requires the Representative to provide:

- Name of the member they are representing
- Representative signature
- Date of signature

### **Section IV: Waiver of Payment for Items or Services at Issue**

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.