

Appointment of a Representative

Enrollee's Name: {Nombre}
 Contract Number: {Num Contrato}
 Case Number: {Num Caso}
 Representative Name:

Section 1: Appointment of a Representative

To be completed by the participant seeking representation (eg, the beneficiary of the Government Health Plan):

I designate to _____,
(Name) (Representative Type – Lawyer, Tutor, etc)

to act as representative regarding my grievance. I authorize this individual to make any request; file or obtain information about the grievance, get evidence; information on appeals and receive any notification about my grievance on my behalf. I understand that you may be disclosed to the representative indicated below, personal medical information about my complaint.

Enrollee Signature		Date
Address: {Direccion1} {Direccion2}		Phone Number (with area code) {Telefono}
City: {Ciudad}	State: {Estado}	Zip Code: {ZIP} {ZIP4}

Section 2: Acceptance of Appointment

To be completed by representative:

I, _____, accept the appointment as representative in the grievance process of Mr. /Mrs _____.

Signature of Representative		Date
Address:		Phone Number (with area code)
City:	State:	Zip Code:

Section 3: Rights to Revoke

You may revoke this authorization at any time by written notice of revocation to the Appeals and Grievances Department of MMM Multi Health. The revocation of the authorization will have prospective effect and not affect the actions taken by MMM Multi Health according authorization that was in effect before the revocation.

Where to send this form

Send this form to the same place you are sending (or sent) your complaint or grievance. In addition, you can send an email to AGPLANVITAL@mmmhc.com. If you need additional assistance, call us at 1-844-336-3331 (toll free) or 787-999-4411 TTY (hearing impaired),

Monday through Friday, from 7:00 a.m. to 7:00 p.m. and we can explain how to do it.

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