

Appointment of Authorized Representative Form

Send the completed form (all pages) by fax to **1-866-834-4614** or by mail to:
WithMe Health, ATTN: Member Services, 204 E 2nd Ave #337 San Mateo, CA 94401

This form is used by a member to appoint a third party as their authorized representative to act on their behalf in connection with benefits and coverage matters under the member’s medical plan, prior authorization requirements, and the filing of benefit claims or appeals.

Individual/Member Appointing an Authorized Representative

Name: _____ Member ID #: _____

Address: _____

Telephone: _____ E-mail: _____

Appointment: I hereby appoint the following person as my authorized representative, to act on my behalf in connection with benefits and coverage matters under my medical plan, prior authorization requirements, and the filing of benefit claims or appeals:

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Purpose: This appointment is at the request of the individual/member or his/her personal representative.

No Conditions: I understand that signing this appointment is voluntary. This appointment will not affect my ability to obtain treatment and/or health benefits or enrollment in any health plan.

Effect of Making this Appointment: I understand that my protected health information, including my prescription drug history and records and any other services (collectively, “Records”), may be disclosed to and/or received by my authorized representative who may not be subject to federal health information privacy laws.

Right to Revoke: I understand that I may revoke this appointment at any time by giving written notice of revocation to the address stated on the top of this form. Revocation of this appointment will *not* affect any action taken by the authorized representative before receipt of my written notice of revocation.

Copies: I understand I have a right to receive a copy of this form after I sign it. A photocopy, facsimile or electronic copy of this form is as valid as the original.

Individual/Member’s Signature

I, _____, have had full opportunity to read and consider the contents of this appointment. I understand that, by signing this form, I am confirming my appointment of an authorized representative to act on my behalf as described above.

Signature: _____ Date: _____

If this appointment is signed by a personal representative on behalf of the individual/member, complete the following:

Personal Representative’s Name: _____

Relationship to Individual: _____