

HHS Federal External Review Process Appointment of Representative Form

Please return this signed and completed form to the following address:

HHS Federal External Review Process MAXIMUS Federal Services 3750 Monroe Avenue, Suite 705 Pittsford, NY 14534

Section 1: APPOINTMENT OF REPRESENTATIVE

NAME OF CLAIMANT	PLAN\INSURANCE IDENTIFICATION NUMBER		

To be completed by the claimant:

I appoint this individual:_________to act as my representative in connection with my request for external review by the HHS Federal External Review Process. I authorize this individual to make any request; to present or to produce evidence; to obtain external review information; and to receive any notice in connection with my external review, wholly in my place. I understand that personal medical information related to my appeal may be disclosed to the representative indicated below.

SIGNATURE OF CLAIMANT		DATE
STREET ADDRESS		PHONE NUMBER
CITY	STATE	ZIP

Section 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; and that I am not, as a current or former employee of the United States, disqualified from acting as the claimant's representative.

I am a / an

(Professional Status Or Relationship To The Claimant, E.G., Attorney, Relative, Etc.)

SIGNATURE OF REPRESENTATIVE		DATE
STREET ADDRESS		PHONE NUMBER
CITY	STATE	ZIP