



210 Park Ave. | Suite 2800 | Oklahoma City, OK 73102-5621

APPOINTMENT OF AUTHORIZED REPRESENTATIVE

(Fill out this section only if someone else will be representing you in this appeal.)

You can represent yourself, or you may ask another person, including your treating health care provider, to act as your authorized representative. You may revoke this authorization at any time.

I hereby authorize _____ to pursue my appeal on my behalf.

Signature of Patient (If 18 years or older)

Date

Signature of Authorized Representative*

Date

*(Parent, Guardian, Conservator or Other – Please Specify)

Address of Authorized Representative: _____

City: _____ State: _____ Zip: _____

Phone # Daytime (____) _____ Evening (____) _____

Para los miembros que hablan español:

Si usted no entiende los contenidos de esta carta, por favor llame a Servicios para los Miembros al <<1-877-280-5600>> y alguien le ayudara.