



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.