



Capital District Physicians' Health Plan, Inc.

CDPHP Universal Benefits,® Inc.

(herein referred to collectively as "CDPHP®")

APPOINTMENT OF REPRESENTATIVE

As a CDPHP Medicare Advantage Plan member, you may appoint any individual (e.g., a friend, relative, lawyer) as your representative to assist you with understanding and following coverage determinations, exceptions, appeals or grievances. To discuss a coverage determination request with someone other than you, CDPHP must have authorization to discuss the claim with that person. If you are interested in appointing a representative on your behalf, you are granting that person the right to represent you for your appeal. **Please understand: You are granting this person access to private health information related to your Medicare issue.**

Please note, a representative who is appointed by the court or who is acting in accordance with state law also may file a request on your behalf and must send us appropriate legal papers demonstrating she or he is your legal representative. You will not need to complete an Appointment of Representative Form if this other documentation is provided.

If you wish to appoint an individual as your representative, please send us a completed **Appointment of Representative** form (attached). The form must be signed, dated, and completed by both you and your representative. The Appointment of Representative form will be valid for a period of one year from the date it is completed.

How to Complete the Appointment of Representative Form OMB No. 0938-0950

1. Fill in your name, if you are the member who is appointing the representative.
2. Fill in your Medicare number from your red, white, and blue Medicare ID card.

Section I—You, the member, complete Section I:

1. Fill in the name of the person you want to be your representative. You are granting this person access to private health information related to your Medicare issue.
2. Sign your name in the Signature of Party Seeking Representation box.
3. Enter the date of your signature.
4. Enter your address and phone number.

Section II—Your representative completes Section II:

1. Your representative fills in his or her full name.
2. Your representative fills in his or her professional status (such as attorney) or relationship to you (such as relative).
3. Your representative signs his or her name.
4. Your representative enters the date of the signature.
5. Your representative enters his or her address and phone number.

Section III—Your representative may need to fill in Section III. The representative may not be required to sign Section III:

- If your representative wishes to waive the fee, this is the place to sign and date that statement.
- If your provider (your doctor) or supplier (for the items in your current CDPHP Medicare Advantage Plan) is your representative, he or she CANNOT charge a fee. In this case, he or she must sign and date Section III.
- Your representative may be someone you employ to represent you, and it may be appropriate for him or her to charge a fee (e.g., a lawyer). In this case, he or she will not sign Section III.

Section IV—Your providers and/or suppliers may need to fill in Section IV. The representative may not be required to sign Section IV:

- For example, your relative would not be required to sign.
- However, if your representative is your provider or supplier, he or she is required to sign, because your Medicare issue might be related to a service that he or she provided or supplied to you. For example, he or she might have provided a service or medication that is not covered by your CDPHP Medicare Advantage Plan. So, he or she needs to agree that payment depends on resolution of the appeal.

When you and your representative have completed this form, please send it to:

CDPHP
Attn: Member Services
6 Wellness Way
Latham, NY 12110

Fax: (518) 641-3507