



What is an Appointment of Representative form?

Many members like to have their spouse, child, or friend call in to request information, follow up on questions, or appeal plan decisions. We know that it is convenient to be able to rely on a trusted friend or relative to act as your representative for health plan coverage questions or appeals. If you would like to provide a friend or relative with permission to call Member Services and speak on your behalf, please complete the Appointment of Representative form.

Completing the attached Appointment of Representative form does not impact your ability to make your own healthcare decisions. It simply allows your representative to act on your behalf when making requests or filing appeals to health plan decisions.

How to complete this form.

TOP OF FORM

Name of Party: Please print your name.

Medicare Number or National Provider Number: Please enter your Aspire Health Plan member ID. This ID will start with a G.

SECTION 1: Appointment of Representative

Print friend/relative's full name

To be completed by the party seeking representation (i.e., the Medicare beneficiary, the provider or the supplier):
I appoint this individual, _____, to act as my representative in connection with my claim or asserted

Enter **your** full address, including city, state, and zip. Enter **your** phone number with area code.

SECTION 2: Acceptance of Appointment

Friend/relative prints his/her full name.

To be completed by the representative:

I, _____, hereby accept the above appointment. I certify that I have not been disqualified,

Authorized representative (friend/relative/spouse) enters his/her full address including city, state, and zip. he/she enters their phone number with area code.

SECTIONS 3 AND 4:

These sections do not need to be completed. These sections are used if a health care provider is acting as your representative.

Note: The Appointment of Representative is valid for 1 year from the signature date. Set a reminder to request and complete a new form next year.

If you have questions or need help completing this form, call Member Services, toll free, at **(855) 570-1600**.



Aspire Health Plan is a Medicare Advantage HMO plan sponsor with a Medicare contract. Enrollment in the Plan depends on contract renewal. Aspire Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-570-1600 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-570-1600 (TTY: 711). This information is not a complete description of benefits. Call 1-855-570-1600 (TTY: 711) for more information. We are open 8 a.m.–8 p.m. PT Monday through Friday from April 1 through September 30 (except certain holidays) and 8 a.m.–8 p.m. PT seven days a week from October 1 through March 31.

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