



Many members like to have their spouse, child, or friend file an appeal or grievance or request prior authorization. We know that it is convenient to be able to rely on a trusted friend or relative for this type of assistance. If you would like to provide a friend or relative with permission to call 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 filing an appeal or grievance or requesting prior authorization.

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

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

SECTION 2: Acceptance of Appointment

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

SECTIONS 3 AND 4:

These sections do not need to be completed. These sections are used if a healthcare 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**.

Mail your form to: Aspire Health Plan, PO Box 5490, Salem, OR 97304

We are open 8 a.m.–8 p.m. PT Monday through Friday from April 1 through September 30 and 8 a.m.–8 p.m. PT seven days a week from October 1 through March 31 (except certain holidays).
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