



Appointment of Representative Form

You can choose to have a representative help you with your appeal or grievance. This form allows you to name the person who will be your representative.

The top part of this form needs to be filled out by you. If you are not able to fill it out, your representative may fill it out for you.

Member Name

Member ID

I want _____ to be my
(Please print the name of the person whom you want as your representative)
representative for this appeal or grievance.

My representative may do all of the things below on my behalf for this appeal or grievance:

_____ Make or give any request or notice

_____ Present, gather or give any information

_____ Receive any notices or requests for information

I also allow United Healthcare Community Plan of Kansas, to release and discuss my personal health information with the person named above, during my appeal.

Member Signature

Date

Representative Name

Telephone Number

Representative Signature

Date