

Instructions to Complete the Appointment of Representative, Form OMB no. 0938-0950

Purpose of the form

This form is to authorize someone you choose to be your representative in your appeal regarding your rejected claim for services or supplies. You are granting someone else the right to represent you during this appeal.

SECTION I — You, the beneficiary, complete Section I

1. Fill in your name, if you are the beneficiary who is appointing the representative.
2. Fill in your Medicare number — from your Medicare card
3. Fill in the name of the person you want to be your representative.
The representative will stand in for you regarding your specific issue of Social Security coverage. You are granting this person access to private health information related to your Social Security issue.
4. Sign your name in the Signature of Beneficiary box.
5. Enter the date of your signature.
6. Enter your address — street number and name, city, Zip Code — and your phone number, including area code.

SECTION II — The beneficiary's representative completes Section II.

1. Your representative fills in Section II, starting with his or her full name.
2. Your representative fills in 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 — street number and name, city, Zip Code — and his or her phone number, including area code.

SECTION III — The member's representative may need to fill in Section III.

The representative may or 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 (like your doctor) or supplier (for the items in the current Social Security issue) is your representative, he or she can **NOT** charge a fee. So 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. In this case, he or she will not sign Section III.

SECTION IV — The member's providers or suppliers may need 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. The reason is that the Social Security issue might be related to something he or she provided or supplied to you.

- For example, he or she might have provided something that is not covered by Social Security. So, he or she needs to agree that payment depends on the resolution of the appeal.

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

Customer Service – Mail Code C442
BCN Advantage
Blue Care Network
P.O. Box 5184
Southfield, MI 48086-5184

Fax: 1-248-799-6393