



## Appointment of Representative Form

You have the right to choose an authorized representative to help you with an appeal and/or grievance filing. This should be a trusted person, who will have your permission to talk to our plan about your appeal and/or grievance case. This person has the ability to act on your behalf for your appeal and/or grievance case, including, obtaining and receiving information about your appeal and/or grievance case.

### Case Information

|                                    |  |                   |  |
|------------------------------------|--|-------------------|--|
| Member First Name:                 |  | Member Last Name: |  |
| Member Date of Birth (mm/dd/yyyy): |  | Member ID Number: |  |
| Appeal Case ID (If Available):     |  |                   |  |

### Appointment of Representative

|                                 |                   |                                   |  |
|---------------------------------|-------------------|-----------------------------------|--|
| Representative First Name:      |                   | Representative Last Name:         |  |
| Representative Mailing Address: |                   |                                   |  |
| Representative Phone Number:    | (       )       - | Organization Name (If Applicable) |  |
| Representative E-mail Address:  |                   |                                   |  |



## Acceptance of Appointment

By signing this form, you allow the “appointment representative” to sign your appeal and/or grievance request, obtain and provide information about your appeal and/or grievance and to act on your behalf in matters related to the appeal and grievance through the final resolution and disposition of your case.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Where to Send the Authorized Representative Form

Ambetter from Arizona Complete Health  
Attn: Appeal & Grievance Department  
PO Box 10341  
Van Nuys CA 91410-0341

Or

Secure Fax: 1-877-615-7734.

*To change or remove this authorized representative form your appeal and/or grievance case, please contact Ambetter from Arizona Complete Health at 1-888-926-5057, TTY/TDD: 711. Hours of operation are Monday- Friday 8:00AM-5:00PM.*

*You have the right to get this information in an alternative format. You also have the right to file a complaint if you feel that you have been discriminated against. Please contact Ambetter from Arizona Complete Health at 1-888-926-5057 if you need assistance, or additional information, TTY/TDD: 711.*

*If you need assistance with your appeal and/or grievance in a language other than English, you have the right to get help and information in your language at no cost. Please contact Ambetter from Arizona Complete Health at 1-888-926-5057, TTY/TDD: 711.*