

# Appointment of Representative Instructions

You may appoint any individual (such as a relative, friend, attorney, physician or other advocate) to act as your Medicare representative to assist you with understanding and following coverage determinations, exceptions, appeals or grievances.

To discuss a coverage determination request with someone other than you, Nascentia Health Plus must have authorization to speak with that person. If you appoint a representative on your behalf, you are granting that person the right to represent you for your appeal.

**You are granting your representative access to your private health information related to your claim.**

If you would like to appoint an individual as your representative, please send us a completed **Appointment of Representative (pdf)** form. The form must be signed, dated and completed by both you and your representative. The appointment will be valid for a period of one year from the date it is completed. If you appoint more than one person, you'll need to fill out a form for each one.

Once completed, please mail to:

Nascentia Health Plus  
Attn: Compliance Department  
1050 West Genesee Street  
Syracuse, NY 13204

## How to complete this form:

### Section 1-Appointment of Representative

This section is filled out by the member. Indicate the name of the person you are appointing as your representative. Sign your name and date where indicated, completing your address and phone number.

### Section 2- Acceptance of Appointment

This section is filled out by your representative. He or she completes their name, professional status or relationship to you (attorney, relative, etc.). Your representative signs their name and date where indicated, completing their address and phone number.

### Section 3- Waiver of Fee for Representative

This section is completed by your representative if he or she is required to, or chooses to waive their fee to represent you. This may be left blank, if appropriate.

### Section 4- Waiver of Payment for Items or Services at Issue

This section is filled out by your provider and/or supplier if they are your representative. Doing so means you won't be billed for items or services your plan doesn't cover if they're submitted on your behalf. This may be left blank, if appropriate.