

Authorized Representative for Grievance/Appeal FORM



An authorized representative is someone chosen by a member to assist the member with health care issues, and to whom StayWell Insurance (StayWell) is allowed to disclose and discuss the member's protected health information. An authorized representative is not, however, a person who has legal authority to act on behalf of a member. Member's are to use this form to designate an authorized representative to file a Grievance/Appeal on their behalf. The member, or the member's legally authorized representative, should be the person signing this authorization and designating the release of information.

INFORMATION OF MEMBER		
LAST NAME	FIRST NAME	M.I.
MAILING ADDRESS		
SEX	MARITAL STATUS	DATE OF BIRTH (MM/DD/YY)
ADDRESS		
PHONE	ALT. PHONE	EMAIL ADDRESS (Optional)