



**HHS Federal External Review Process
Appointment of Representative Form**

Please return this signed and completed form to the following address:

HHS Federal External Review Process
MAXIMUS Federal Services
3750 Monroe Avenue, Suite 708
Pittsford, NY 14534

Section 1: APPOINTMENT OF REPRESENTATIVE

<i>NAME OF CLAIMANT</i>	<i>PLAN/INSURANCE IDENTIFICATION NUMBER</i>
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To be completed by the claimant:

I appoint this individual: _____ to act as my representative in connection with my request for external review by the HHS Federal External Review Process. I authorize this individual to make any request; to present or to produce evidence; to obtain external review information; and to receive any notice in connection with my external review, wholly in my place. I understand that personal medical information related to my appeal may be disclosed to the representative indicated below.

<i>SIGNATURE OF CLAIMANT</i>	<i>DATE</i>
<i>STREET ADDRESS</i>	<i>PHONE NUMBER</i>
<i>CITY</i> <i>STATE</i>	<i>ZIP</i>

Section 2: ACCEPTANCE OF APPOINTMENT

To be completed by the representative:

I, _____ hereby accept the above appointment. I certify that I have not been disqualified, suspended, or prohibited from practice before the Department of Health and Human Services; and that I am not, as a current or former employee of the United States, disqualified from acting as the claimant's representative.

I am a / an _____
(Professional Status Or Relationship To The Claimant, E.G., Attorney, Relative, Etc.)

<i>SIGNATURE OF REPRESENTATIVE</i>	<i>DATE</i>
<i>STREET ADDRESS</i>	<i>PHONE NUMBER</i>
<i>CITY</i> <i>STATE</i>	<i>ZIP</i>