

Universal Health Care
APPOINTMENT OF REPRESENTATIVE
ACCEPTANCE OF APPOINTMENT

Beneficiary Name (Print or type)

UHC Member Number

1. APPOINTMENT OF REPRESENTATIVE - TO BE COMPLETED BY THE BENEFICIARY:

I appoint the following individual _____ to act as my representative in connection with this Grievance/ Appeal.

I authorize this individual to make or give any request or notice to present or elicit evidence; to obtain information; and to receive any notice in connection with this Grievance/ Appeal wholly in my stead. I understand that personal medical information related to my appeal may be disclosed to the representative indicated below.

Signature (Member)

() - _____
Telephone Number

Address

Date

City State Zip

2. ACCEPTANCE OF APPOINTMENT - TO BE COMPLETED BY THE REPRESENTATIVE:

I, _____, hereby accept the above appointment. I certify that I have not been disqualified from acting as the member's representative and that I will not charge or receive any fee for the representation unless it has been authorized in accordance with applicable laws and regulations.

I am a/an _____
(Professional Status or Relationship to the Beneficiary, e.g. attorney, relative, etc.)

Signature (Representative)

() - _____
Telephone Number

Address

Date

City State Zip