

Instructions on how to appoint a representative and link to the CMS Appointment of Representative Form (CMS Form-1696)

If you would like to assign a representative other than yourself, such as a relative, friend, advocate, an attorney, your prescribing/treating physician, other prescriber, or anyone to act on your behalf when filing a grievance, requesting an organization or coverage determination, or in dealing with any of the levels of the appeals process. You may complete and send us an Appointment of Representative form signed by both you and the representative. A representative who is appointed by the court or who is acting in accordance with state law may also file a request for you after sending us the legal representative form. You will not need to complete an Appointment of Representative Form if you provide an equivalent written notice or other legal representation document with your request. An “equivalent written notice” is one that;

- Includes the name, address, and telephone number of enrollee;
- Includes the enrollee’s HICN [or Medicare Identifier (ID) Number];
- Includes the name, address, and telephone number of the individual being appointed;
- Contains a statement that the enrollee is authorizing the representative to act on his or her behalf for the claim(s) at issue, and a statement authorizing disclosure of individually identifying information to the representative;
- Is signed and dated by the enrollee making the appointment; and
- Is signed and dated by the individual being appointed as representative, and is accompanied by a statement that the individual accepts the appointment.

Either the signed representative form for a representative appointed by an enrollee, or other appropriate legal papers supporting an authorized representative’s status, must be included WITH EACH REQUEST for a grievance, an organization or coverage determination, or an appeal.