UMR

115 W Wausau Ave
Wausau WI 54401-2875

PO Box 30546
Salt Lake City UT 84130-0546

APPEALS - DESIGNATION OF AUTHORIZED REPRESENTATIVE

I, ____________________________, do hereby appoint, _______________ (hereinafter "my Authorized Representative") to act on my behalf in pursuing a benefit claim, specifically, my claim(s) for __________________________________. My Authorized representative shall
(Insert Claim Number, Situation, ETC)
have full authority to act, and receive notices, on my behalf with respect to an initial determination of the claim, any request for documents relating to the claim, and any appeal of an adverse benefit determination of the claim.

I understand that in the absence of a contrary direction from me, UMR will direct all information and notices regarding the claim to which I otherwise an entitled, including benefit determinations, to my Authorized representative **only**.

I am aware that the Standards for Privacy of Individually Identifiable Health Information set forth by the U.S. Department of Health and Human Services (the "Privacy Standards") govern access to medical information. I understand that in connection with the performance of his/her duties hereunder, my Authorized Representative may receive my Protected Health Information, as defined in the Privacy Standards, relating to the claim. I hereby consent to any disclosure of my Protected Health Information to my Authorized representative.

Date: ________________________ ____
(Signature of patient or patient's guardian)

Member ID:__________________

ACKNOWLEDGEMENT

I, __________________________________, have read the above Designation of Authorized
(Name of Authorized Representative)
Representative and I hereby accept this designation and agree to act as Authorized Representative for ________________________with respect to the above defined claim.
(Claimant's name)

Date: ______________________ ____
(Signature of Authorized Representative)

Notices may be sent to the Authorized Representative at the following address:

Name ____

Street Address ____

City, State & Zip Code ____