



APPOINTMENT OF REPRESENTATIVE STATEMENT

Beneficiary Name

Member ID Number

Provider

Dates of Service

I hereby swear that I am the above-mentioned beneficiary or an authorized representative of the above-mentioned beneficiary. I do hereby appoint the swearing individual _____ to act as my representative in requesting reconsideration from AvMed Health Plans or its designee regarding the services, which the health plan has denied payment or authorization.

Signature

Date