Aetna Better Health® of Maryland
10320 Little Patuxent Parkway, Suite 600
Columbia, MD 21044
1-866-827-2710

AUTHORIZATION FOR REPRESENTATIVE

An Authorized Representative is a person you choose to act for you during an appeal of services you have been denied or when you file a complaint. You can use this form if you want. You can also send in your own note giving someone permission to act for you.

My appeal or grievance is about (use more paper if needed): _____

_____

Dates of denied services or complaint incident: _____

Person I want to be my Representative: _____

How do you know the person who will be your Representative? (Relative, friend, attorney, etc.)

_____

Address of my Representative: _____

Telephone Number of my Representative: _____

I understand that:

- I can change my mind, at any time. If I change my mind, I'll let you know in writing.
- If I change my mind, it won't change anything you did before I changed my mind.
- When the appeal or complaint is finished, this agreement will end.
- I know that you may need to give my health information to my representative, so that he/she can act for me.

By signing below, I agree that I have read and understand the information above.

Member Name: _____ (Print) Date: ____/____/_____

Aetna Better Health of Maryland Member ID# _____

Member Signature (signature of parent/legal guardian): _____

If the member isn't signing, what is the signer's relationship to the member? _____

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