Aetna Better Health® of Virginia
9881 Mayland Drive
Richmond, VA 23233

Authorization Release for Standard Appeal

An Authorized Representative is a person you choose to act for you during an appeal of services you have been denied.

I want to appeal these denied services: _____

Dates of denied services: _____

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 give my permission for my representative to have information relating to: (Please circle "Yes" or "No" for each item below):

Yes ☐ No ☐ HIV/AIDS-related information, diagnosis, and test results
Yes ☐ No ☐ Mental Health Information
Yes ☐ No ☐ Substance Abuse Information

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 is over, 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 Virginia Member ID#: _____

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

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