

## Appointment of Representative

### What is a representative?

A representative is a person who is appointed or authorized by you to act on your behalf in requesting health care and/or prescription drug services or filing a grievance or an appeal. You may appoint any person, such as a relative, friend, advocate, attorney, or any physician, as your representative.

### How do I appoint a representative?

You can appoint a representative when you and your representative complete, sign, and date an Appointment of Representative form CMS-1696 and send it to us when requesting health care and/or prescription drug services or filing a grievance or an appeal. A copy of the CMS-1696 Appointment of Representative form can be found at:

- English: [www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1696.pdf](http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1696.pdf)
- Español: [www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1696Spanish.pdf](http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1696Spanish.pdf)

Your representative may also be a court appointed guardian, an individual who has a Durable Power of Attorney, or a health care proxy, or a person designated under a health care consent law.

You may also appoint a representative by providing written notice that includes the following:

- Your name, address, and telephone number;
- Your Health Insurance Claim Number (HICN) or Medicare Identifier (ID) number;
- The name, address, and telephone number of the person you appoint as your representative;
- Your representative's professional status or relationship to you;
- A written explanation from you indicating the purpose and scope of the representation;
- A statement from you authorizing your representative to act on your behalf;
- A statement from you authorizing disclosure of your personal medical information to your representative;
- Your signature and date;
- Your representative's signature and date; and
- A statement from your representative that he/she has accepted the appointment.

### Can my primary care or other doctor act on my behalf?

Yes. Your primary care doctor or another doctor that you have seen more than one time can also act on your behalf to request health care and/or prescription drug services, or file an appeal for services that have been denied. These doctors do not need to be appointed in writing, however, they must tell you about any action they take on your behalf.



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## How long is my appointment good for?

Unless you revoke your appointment, it is good for one year from the date that the appointment was signed by both you and your representative. Your representative will need to provide BCBSAZ a copy of your signed and dated appointment whenever your representative acts on your behalf in requesting health care and/or prescription drug services, or when filing a grievance or an appeal.

If you have questions, we are happy to help. Please contact Member Services at 480-937-0409 (in Arizona) or toll-free at 1-800-446-8331 (TTY: 711). Hours are 8 a.m. to 8 p.m., Monday through Friday from April 1 to September 30; and seven days a week from October 1 to March 31.

Comuníquese con el Departamento de Servicio al Cliente al 480-937-0409 (en Arizona) o al número gratuito 1-800-446-8331, TTY: 711. El horario de atención es de de 8:00 a.m. a 8:00 p.m., de lunes a viernes desde el 1 de abril hasta el 30 de septiembre; y los 7 días de la semana desde el 1 de octubre hasta el 31 de marzo.

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We provide free aids and services to people with disabilities to communicate effectively with us, such as qualified interpreters and written information in other formats such as large print and accessible electronic formats. We also provide free language services to people whose primary language is not English, such as qualified interpreters and written information in other languages.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-446-8331 (TTY: 711).

Navajo: Díí baa akó nínízin: Díí saad bee yánílti' go Diné Bizaad, saad bee áká' ánída' áwo' dèè, t'áá jiiik'eh, éí ná hóló, kojí hódíílnih 1-800-446-8331 (TTY: 711).

BCBSAZ offers BluePathway HMO and BlueJourney PPO Medicare Advantage plans. BCBSAZ Advantage, a separate but wholly owned subsidiary of BCBSAZ, offers Blue Medicare Advantage Standard, Classic and Plus HMO plans.

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