HHS Federal External Review Process
Appointment of Representative Form

Please return this signed and completed form to the following address:
HHS Federal External Review Process
MAXIMUS Federal Services
3750 Monroe Avenue, Suite 705
Pittsford, NY 14534

Section 1: APPOINTMENT OF REPRESENTATIVE

NAME OF CLAIMANT	*PLAN|INSURANCE IDENTIFICATION NUMBER*

To be completed by the claimant:

I appoint this individual:_____ to act as my representative in connection with my request for external review by the HHS Federal External Review Process. I authorize this individual to make any request; to present or to produce evidence; to obtain external review information; and to receive any notice in connection with my external review, wholly in my place. I understand that personal medical information related to my appeal may be disclosed to the representative indicated below.

SIGNATURE OF CLAIMANT		*DATE*
STREET ADDRESS		*PHONE NUMBER*
CITY	*STATE*	*ZIP*

Section 2: ACCEPTANCE OF APPOINTMENT

To be completed by the representative:

I, _____ hereby accept the above appointment. I certify that I have not been disqualified, suspended, or prohibited from practice before the Department of Health and Human Services; and that I am not, as a current or former employee of the United States, disqualified from acting as the claimant's representative.

I am a / an _____
(Professional Status Or Relationship To The Claimant, E.G., Attorney, Relative, Etc.)

SIGNATURE OF REPRESENTATIVE		*DATE*
STREET ADDRESS		*PHONE NUMBER*
CITY	*STATE*	*ZIP*