ALTERWOOD ADVANTAGE
Quality Care. Better Health.

APPOINTMENT OF REPRESENTATIVE

Member Name	Member Number

SECTION 1: Appointment of Representative (*To be completed by the party seeking representation*)

I authorize this individual to make any request; to present or to elicit evidence; to obtain appeals information; and to receive any notice in connection with my claim, appeal, grievance, or request wholly in my stead. I understand that personal medical information related to my request may be disclosed to the representative indicated below.

If the member can't sign this form, a legal representative may sign, complete, and return this form on behalf of the member. A legal representative is someone who has the legal right to sign for the member. Please attach proof that you are the member's legal representative (for example, Power of Attorney). We can't accept this form without it.

Signature of Member *(Party Seeking Representation)*		Date
Street Address		Phone Number
City	State	Zip Code
Email Address		Fax Number

SECTION 2: Acceptance of Appointment

Full Name	Relationship to Member	Date
Street Address		Phone Number
City	State	Zip Code
Signature of Representative (*Appointee*)		Email Address

How long does this permission last?

In most cases, permission to share your personal health information ends on your last day as a plan member or you write to us and tell us to end it.

Where to mail this form:

Alterwood Advantage
Attn: Enrollment Department
PO BOX 4175
Timonium, MD 21094

Or, fax to: 1-410-801-5706

Questions?

Call Customer Service 667-262-9412 or 1-866-675-3944 toll-free (TTY: 711)

8 am – 8 pm ET	7 days a week	October 1 – March 31
8 am – 8 pm ET	Monday – Friday	April 1 – September 30