

## **Appointment of a Representative**

A Positive Healthcare Partners (PHP) member may appoint any person (such as a relative, friend, advocate, attorney, physician, or an employee of a pharmacy) to act as his or her representative in requesting a coverage determination or to appeal a coverage determination that denied, or modified the request for service or payment. In addition a person you have appointed to act on your behalf under a durable power of attorney for health care, or by other legal document may also have authority to file an appeal on your behalf. Your appointed representative can act on your behalf in asking for a coverage determination or an appeal.

To appoint a person to serve as your representative, request a coverage determination, or to appeal a decision made by PHP, you must submit in writing a signed Form CMS-1696 (click [here](#) for a copy of the form) or an “equivalent written notice” with the following information:

- Your name, your Medicare number, address, phone number, date and signature
- Includes a statement that you are allowing this person to represent or act on your behalf for the request, and a statement that you are allowing your personal medical information to be given to this person.
- Name, address, phone number, date, and signature of the person you appointing as your representative

Medicare requires that a separate Form CMS-1696 or “equivalent written notice” be completed for appeals related to Part D prescription drug benefits. A valid appointment of representation form submitted for standard medical benefit requests under PHP is not valid for requests that involve Part D drug benefits.

If you would like assistance in obtaining a copy of the Form CMS-1696 or have questions about appointing an representative, please contact PHP Member Service by calling Toll Free 1-800-263-0067 or (TDD: 1-800-735-2929). We can be reached Monday through Friday, 8:30am to 5:30pm.