

## DESIGNATION OF PERSONAL REPRESENTATIVE FOR APPEAL PURPOSES

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**INSTRUCTIONS:** The attached form is used to designate a Personal Representative for purposes of an appeal of a denial (or reduction) of benefits. The Personal Representative may be a family member, friend or any other person you choose to designate. Highmark Delaware will treat the person that you name in this form in the same manner that we would treat you for purposes of the appeal. That means that we will provide all relevant information, including your Protected Health Information, to that individual, and will allow that person to act on your behalf.

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### PLEASE NOTE THE FOLLOWING:

#### 1. Minor Children (under 18)

Parents are generally considered to be the personal representatives for their minor children. If the appeal concerns services rendered to a minor child, you do not need to complete this form. There are certain exceptions to this rule and we will contact you if a Personal Representative Form must be completed.

#### 2. Children Over 18

If the appeal concerns services rendered to a child over 18, the child must complete this form if his or her parent will be handling the appeal.

#### 3. Guardianships

If the appeal concerns services rendered to a person who has a Legal Guardian, this form must be completed by the Legal Guardian. Please submit proof of the guardianship with this form.

#### 4. Power of Attorney

If the appeal concerns a claim for service rendered to a person for whom there is a Power of Attorney, the Attorney must complete this form. Please submit a copy of the Power of Attorney with this form.

Please provide ALL requested information, and sign and date the form. We will return incomplete forms, and will not recognize your representative until all information has been provided.

Please call Customer Service at 800-633-2563 if you have any questions.

**Please keep a copy for your records. You can fax the completed form to 877-710-1513 or mail:**

Highmark Blue Cross Blue Shield Delaware  
P.O. Box 8832  
Wilmington DE 19899-8832  
Customer Service Appeals Team

**DESIGNATION OF PERSONAL REPRESENTATIVE FOR APPEAL**

**SECTION A. Appellant (Member) Information.** (Please identify the person whose claim is being appealed.)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Highmark Delaware ID#: \_\_\_\_\_  
Name of Primary Policyholder: \_\_\_\_\_  
Street Address/Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Highmark Delaware ID #: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_  
Employer or Group Health Plan Name if applicable: \_\_\_\_\_

**SECTION B. Appeal Information.\*** This appeal concerns the following claim:

Claim Number: \_\_\_\_\_ Date of Service: \_\_\_\_\_  
Provider of Service (Doctor, hospital, etc): \_\_\_\_\_

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*\* Please note that a member may appeal a claim only if he/she bears potential responsibility (in whole or in part) for payment of the claim. □*

**SECTION C. Personal Representative Information.**

I hereby designate the person identified in this section to be my personal representative for all matters concerning the Highmark Delaware appeal identified in Section B, and ***I request*** that Highmark Delaware treat the named individual as it would otherwise treat me with regard to my protected health information concerning this appeal. ***I understand*** that this form is voluntary. ***I understand*** that federal privacy laws will no longer protect the released information when the person designated as my personal representative receives the information.

Name of Personal Representative \_\_\_\_\_  
Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Street Address/Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_  
Relationship to Member: \_\_\_\_\_

**SECTION D. Expiration and Revocation.**

I understand that this designation is solely for the purpose of the Highmark Delaware appeal identified in Section B and that it will expire at the time the final appeal decision is rendered. I also understand that I may revoke this designation of a personal representative at any time by giving written notice to Highmark Delaware, but that the revocation will not affect any action that Highmark Delaware may have taken before receipt of the Revocation. For my convenience, a revocation form is available at Highmark Delaware.com or from Highmark Delaware Customer Service.

Signature of Appellant (Member): \_\_\_\_\_  
Date: \_\_\_\_\_

If a Legal Guardian or Attorney of Record signed this form on behalf of the Appellant (Member), please provide the following:

Name: \_\_\_\_\_ Relationship to Individual: \_\_\_\_\_