# Authorized Representative
# DESIGNATION / REMOVAL

An Independent Licensee of the Blue Cross Blue Shield Association

Use this form to designate/remove an individual or entity to act on your behalf as your authorized representative to pursue a benefit claim or appeal of an adverse benefit determination. See your benefit plan documents or contact your plan administrator for more information. You must also complete a Confidential Information Release Form authorizing Blue Cross® Blue Shield® of Arizona (BCBSAZ) to release your confidential health information. NOTE: By submitting this form you agree that BCBSAZ may contact you to verify the information it contains.

## Member Information

Member Name* ____________________

Address* ____________________

City* ____________ State* ____________ ZIP Code* ____________

Daytime Phone #** ____________ Email ____________

Member ID#* ____________ Group* ____________

## Authorized Representative Information

Name* ____________________

Company* ____________________

Address* ____________________

City* ____________ State* ____________ ZIP Code* ____________

Daytime Phone #** ____________ Email ____________

**Choose from the following by placing an X in the appropriate boxes.***

☐ **I authorize** the individual or entoty shown above to act on my behalf for the following purposes:

- ☐ all claims, plan beneficiary health care appeals and plan beneficiary grievances
- ☐ Other (explain) ____________________

____________________

____________________

____________________

☐ **I remove the authority** for the individual or entity shown above to act on my behalf.

## ATTESTATION*

By signing below, I declare under penalty of perjury that the information contained on this form is true and correct.

Member's Signature ____________________ Date ____________

Parent or Legal Guardian ____________________ Date ____________

(A parent or legal guardian must sign if the member is a minor.)

*Indicates required information.

**Mail completed form and Confidential Information Request Form to:**
**BCBSAZ Privacy Office, Mail Stop C300, P.O. Box 13466, Phoenix AZ 85002-3466.**

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