



Appointment of Authorized Representative

You can represent yourself, or you may ask another person to act as your authorized representative, including your provider. You may revoke this authorization at any time by giving written notice to PEHP.

PEHP Member ID number: _____

I hereby authorize _____ to represent me in appealing
PEHP's decision of: _____.

Signature of patient or parent of minor child

Date

Print name: _____

Signature of covered person, authorized representative,
Parent, or Guardian

Print name: _____

Address of Authorized Representative: _____

Daytime Phone: _____

*Attach this form to the Appeal Filing Form.