



Member Authorization for a Designated Representative to Appeal a Determination

| To: | MHS Appeals 550 N. Meridian St., Suite 101 Indianapolis, IN 46204 Fax: (866) 714-7993 | |
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| Memb | per Name: | |
| Member ID #: Date: | | |
| I hereby authorize (print name) | | |
| to app | peal the Managed Health Services (MHS) deter | rmination concerning: |
| (descr | ription of service) | |
| on my decisio | | and, as part of the appeal, I hereby authorize MHS in its sing of my appeal, to communicate with my Designated |
| | All medical and financial information con- treatment, examination, outpatient treatment the determination which is being appealed. | |
| I understand this information is privileged and confidential and will only be released as specified in this authorization. This authorization is valid for a period of one year. Your provider shall not charge you for serving as your representative to this appeal. | | |
| Memb | per or Parent/Legal Guardian/Representative S | ignature: |
| Paren | nt, legal guardian, or representative relationship |): |
| Signat | ture of Witness: | |
| Name of Witness: Date: <i>The witness listed was present when the member designated the individual listed to represent the member at the member's appeal.</i> This appeal concerns whether MHS will pay for treatment requested by your provider. As an MHS member, your right to appeal is not contingent on choosing your provider to appeal a determination. You may cancel this agreement by writing to MHS Appeals at the address listed at the top of this form. Your healthcare information related to this service appeal will be shared with people that will hear your appeal or manage the appeals process. | | |

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550 N. Meridian Street, Suite 101 • Indianapolis, IN 46204 • 1-877-647-4848 • mhsindiana.com Members with speech or hearing disabilities call 1-800-743-3333 for TTY/TDD.

MHS is your choice for better healthcare. You or someone in your family is an MHS member and that is why we send you information. MHS handles your medical insurance through your enrollment with Hoosier Healthwise, the Healthy Indiana Plan or Hoosier Care Connect. If you need this or any other information in another language or format, or have any problems reading or understanding this information, please call MHS Member Services Mon. through Fri. from 8 a.m. to 8 p.m. at 1-877-647-4848. Learn more at mhsindiana.com.