

Instructions for Filling out the Authorized Representative Form

Use the Authorized Representative Form to authorize an individual or organization to pursue an appeal of Blue Cross of Idaho's benefit determination on your behalf. The Authorized Representative Form also serves as authorization for Blue Cross of Idaho to share a member's personal health information with an individual or organization not otherwise authorized to receive the information. Only the member or the member's personal representative* can authorize an individual or organization to appeal on their behalf and permit release of a member's personal health information (*see description of personal representative below*). **The numbered steps below directly correspond to the sections of the form on the second page.**

- 1. Member and Claim/Prior Authorization Information:** Complete all information in this section for the member who the appeal is regarding. **Note:** *Patient name, date of birth, policy ID #, address, claim #/prior authorization # are all required fields.* If you do not have the policy ID number, please provide the member's social security number.
- 2. Authorized Representative:** An authorized representative can be anyone the member chooses, including an attorney, or in some cases, your doctor. You must identify the individual or organization you wish to authorize to appeal on behalf of the member, their relationship, and address.
- 3. Authorization of Representation paragraph:** By signing the Authorized Representative Form, you agree to the terms stated in this section. This authorization will remain in effect until your administrative appeals are exhausted. You may cancel this authorization at any time by sending Blue Cross of Idaho a written cancellation notice.
- 4. Signature:** You must sign and date your own authorization form unless you are the legal personal representative* (*see below*) or the parent of a minor child. If the member is 18 years old or older, the member must sign and date his or her authorization form.

*** Personal Representative:** A personal representative is a member's legal guardian, someone who has power of attorney over the member's medical insurance decisions or a parent (*if the member is a dependent child under the age of 18 and not an emancipated minor*). Also, a personal representative can be an executor, administrator, or person legally authorized to act on behalf of a deceased member or the member's estate. Other than a parent acting on behalf of a dependent child under the age of 18 who is not an emancipated minor, **Blue Cross of Idaho requires a copy of the power of attorney or other court-initiated document as proof that we should recognize the individual named as the member's personal representative.** For this form to be processed, it is important that a copy of any applicable power of attorney or other court-initiated document be included when you return this form to Blue Cross of Idaho.

Note: *Receipt of this form without a written appeal from your authorized representative, may result in no actions taken. Incomplete forms may not be accepted.*

Please mail or fax this completed and signed form to:

Grievances and Appeals Department
Blue Cross of Idaho
P.O. Box 7408
Boise, ID 83707

Fax to: 208-331-7493



Please see Instructions for filling out Authorized Representative Form

Authorized Representative Form

1. Member and Claim/Prior Authorization Information:

Table with 2 columns: Member/Claim info and Blue Cross of Idaho ID #. Rows include Date, Patient Name, Street Address, Home/Mobile Phone Number, Servicing Provider, and Claim # or Prior Authorization #.

2. Authorized Representative:

Patient Name
Authorized Representative Name
Relationship to Patient
Authorized Representative Address
Street City State Zip Code Telephone

3. Authorization of Representation:

- I hereby appoint the above named person to serve as my Authorized Representative for all purposes related to my appeal of Blue Cross of Idaho's adverse benefit determination(s). I understand that my Authorized Representative may exhaust my formal appeal rights. I authorize Blue Cross of Idaho to give my Authorized Representative upon request, any records and personal information related to my appeal. This authorization shall begin the date I sign this form and remain in effect until my administrative appeals are exhausted. I understand that I may cancel this authorization at any time by sending Blue Cross of Idaho a written cancellation notice. My cancelation of this authorization will not affect any action Blue Cross of Idaho took before it received my request.

4. Signature:

Your Name (please print)
Your Signature Date
(Patient's Parent/Guardian may sign if patient is a minor child)

If signed by a personal representative of the member, please complete the following and attach documentation of your legal authority to act on behalf of this member. (See instructions for description of a personal representative.)

Name of Personal Representative (please print) Phone
Relationship to Member

Please mail or fax this completed and signed form to:

Grievances and Appeals Department
Blue Cross of Idaho
P.O. Box 7408
Boise, ID 83707

Fax to: 208-331-7493