



Appointment of Representative Form

You have the right to choose an authorized representative to help you with an appeal and/or grievance filing. This should be a trusted person, who will have your permission to talk to our plan about your appeal and/or grievance case. This person has the ability to act on your behalf for your appeal and/or grievance case, including, obtaining and receiving information about your appeal and/or grievance case.

Case Information

Member First Name:		Member Last Name:	
Member Date of Birth (mm/dd/yyyy):		Member ID Number:	
Appeal Case ID (If Available):	MCRC-		

Appointment of Representative

Representative First Name:		Representative Last Name:	
Representative Mailing Address:			
Representative Phone Number:	() -	Organization Name (If Applicable)	
Representative E-mail Address:			

Acceptance of Appointment

By signing this form, you allow the “appointment representative” to sign your appeal and/or grievance request, obtain and provide information about your appeal and/or grievance and to act on your behalf in matters related to the appeal and grievance through the final resolution and disposition of your case.

Printed Name

Signature

Date

Where to Send the Authorized Representative Form

Ambetter from Arizona Complete Health
Attn: Appeals & Grievance Department
PO Box 277610
Sacramento, CA 95827

Or

Secure Fax: 1-877-615-7734.

To change or remove this authorized representative form your appeal and/or grievance case, please contact Arizona Complete Health at 1-888-926-5057, TTY users call 711. Hours of operation are Monday-Friday 8:00AM-5:00PM.

You have the right to get this information in an alternative format. You also have the right to file a complaint if you feel that you have been discriminated against. Please contact Arizona Complete Health at 1-800-977-6757 if you need assistance, or additional information, TTY users call 711.

If you need assistance with your appeal and/or grievance in a language other than English, you have the right to get help and information in your language at no cost. Please contact Arizona Complete Health at 1-888-926-5057, TTY users call 711.