

## Authorized Representative Appointment Form

- Complete the form by telling us who you want to act on your behalf for your appeal.
- Sign the form to give us permission to talk to your representative about your appeal.
- Mail or fax the signed form to CHRISTUS Health Plan.

### STEP 1 Information about the person who's appointing the representative

This section should be completed by the person who is appointing a representative for their appeal. Generally, only someone who is appealing their own eligibility (sometimes referred to as an "appellant") can appoint a representative.

First name:

Last name:

Date of birth (mm/dd/yyyy):

Appeal ID (if you have one):

APL-

### STEP 2 Information about your representative

Enter information about the person you're appointing to act as your representative. This can be a family member, friend, advocate, attorney or someone else you trust. Your representative will be the main contact during the appeal. **All communications about your appeal (including email) will go to your authorized representative, not you.** If you change your mind after you appoint a representative and you don't want them to act on your behalf anymore, you must call or write the CHRISTUS Health Plan to remove them as your representative.

First name:

Last name:

Date of birth:

Email:

Daytime phone number:

Street address:

Apartment or suite number:

City:

State:

ZIP code:

Organization name (if applicable):

ID number (if applicable):

Send email updates to (optional):

## STEP 3 Signature

Sign below to appoint the person listed in Step 2 as your representative. This means you give them permission to get official information about your appeal and act for you during your appeal.

Printed name (First name, Last name)

Signature

Date (mm/dd/yyyy)

## STEP 4 Submit your form

Sign the completed form and send it either:

- **By Mail:** CHRISTUS Health Plan  
Attn: Complaints, Appeals & Grievances Dept.  
PO Box 169009  
Irving, Texas 75016
- **By Secure Fax:** 1-866-416-2840

### For More Help

If you have questions about your appeal call Member Services at 1-844-856-0826. TTY users can call 711. Hours of operation are Monday through Friday, 8:00 a.m. to 5:00 p.m. Central Standard Time (CST).

### Language Assistance

If you need help in a language other than English, call 1-844-856-0826 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users can call 711.