

Liberty Health Advantage (HMO)

As a Liberty Health Advantage HMO Plan member, you may appoint any individual (such as your spouse, or a relative, friend, advocate, attorney or any physician) to act as your representative to assist you with understanding and following issues such as coverage determinations, exceptions, appeals or grievances. Liberty Health Advantage must have written authorization from you to discuss these issues with that person. If you appoint a representative on your behalf, you are granting that person the right to represent you. **Please understand you are agreeing to allow this person access to private health information related to your Medicare issue.**

If you wish to appoint an individual as your representative, please send us a completed

Appointment of Representative Form: You must first complete the ["Appoint a Representative" form \(CMS Form Number 1696\)](#).

The form must be signed, dated and completed by both you and your representative. The Appointment of Representative form will be valid for a period of one year from the date it is completed.

Please note: A representative who is appointed by the court or who is acting in accordance with state law also may file a request on your behalf and must send us appropriate legal papers demonstrating she or he is your legal representative. If this other documentation is provided, you will not need to complete an Appointment of Representative Form.

How to Complete the Appointment of Representative Form **OMB 0938-0950, Form CMS 1696**

Section I:

You, the member, complete Section I:

1. Fill in your name, if you are the member who is appointing the representative.
2. Fill in your member ID number, from your Liberty Health Advantage HMO Plan ID card.
3. Fill in the name of the person you want to be your representative. **Please understand you are agreeing to allow this person access to private health information related to your Medicare issue.**
4. Sign your name in the Signature of Beneficiary box.
5. Enter the date of your signature.
6. Enter your address and phone number.

Section II:

Your representative completes Section II:

1. Your representative fills in Section II, starting with his/her full name.
2. Your representative fills in his or her professional status (such as attorney) or relationship to you (such as relative).
3. Your representative signs his/her name.
4. Your representative enters the date of the signature.
5. Your representative enters his/her address and phone number.

Section III:

- Your representative may be someone you employ to represent you, and therefore it may be appropriate for him or her to charge a fee (such as an attorney). In this case, he/she will not sign Section III.
- If your representative wishes to waive the fee or must do so, he/she must sign and date the statement in this section. If your provider (your doctor) or supplier (for the items in your current Medicare Plan) is your representative, he/she she can NOT charge a fee and must sign and date Section III.

Section IV:

- If your representative is not your provider or supplier, he/she will not sign Section IV.
- If your representative is your provider or supplier, he/she must sign and date Section IV, to agree that payment is dependent upon resolution of your issue if it may be related to a service provided or supplied to you by the provider or supplier.

When you and your representative have completed this form, please send it to:

Liberty Health Advantage
One Huntington Quadrangle
Suite 3N01
Melville, NY 11747

If you **do not use** form CMS-1696, your appointment must:

- Be in writing and signed and dated by you and your representative;
- Provide a statement appointing the representative to act on your behalf;
- Authorize the release of your personal health information to your representative;
- Include a written explanation of the purpose and scope of the representation;

- List your name and your representative's names, phone numbers, and addresses
- Include your Medicare health insurance claim number;
- Indicate your representative's professional status, if any, or relationship to you;
and
- Be filed submitted to Liberty Health Advantage with your appeal.

If you have questions about appointing a representative, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Liberty Health Advantage HMO at 1.866.542.4269, TTY users call 1.800.662.1220.