

Individual Representation Instructions

You may appoint any individual (such as a relative, friend, advocate, attorney) to act as your representative. A representative who is appointed by the court or who is acting in accordance with state or other applicable laws may also file a grievance, request for a coverage determination, or appeal on your behalf. This could include, but is not limited to, a court appointed guardian, an individual who has durable power of attorney or a health care proxy, a person designated under a health care consent statute or an executor of an estate.

You have two options to appoint a representative. One option is to go to the CMS Appointment of Representative Form at <http://www.cms.hhs.gov/cmsforms/downloads/cms1696.pdf> Or, your second option is to use an equivalent written notice. A notice is an "equivalent written notice" if it:

1. Includes the name, address and phone number for both you and the individual being appointed;
2. Includes your Medicare Beneficiary Identifier or plan ID number;
3. Contains the appointed representative's professional status or relationship to you;
4. Includes a written explanation of the purpose and scope of the representation;
5. Contains a statement that you're authorizing the representative to act on your behalf for the claim(s) at issue, and a statement authorizing disclosure of individually identifying information to the representative;
6. Includes a statement by the individual being appointed that he or she accepts the appointment; and
7. Is signed and dated by you and the individual being appointed.

Once your form is completed, please mail it to:
HealthPartners Member Rights & Benefits
P.O. Box 9463
Minneapolis, MN 55440-9463

Or fax the form to us at 952-853-8742.

HealthPartners is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in HealthPartners depends on contract renewal.