



MEMBER SERVICES

595 Center Avenue, Suite 100
 Martinez, California 94553
 Main Number: 925-313-6000
 Member Call Center: 877-661-6230 Option #2
 Provider Call Center: 877-800-7423
 Fax: 925-313-6047
 www.contracostahealthplan.org
 Se Habla Español

Member Consent for Provider to File an Appeal on my Behalf with Health Insurance Plan

I, _____ understand that in this consent form, I
 (Name of member)
 grant

my consent to the following provider _____ to file an appeal
 (Name of provider)
 on my behalf.

Member Information:

Print Member Name	Member date of birth	Health Plan ID #
Member address		

Provider Information:

Print Provider Name	Provider Plan ID No.	Provider Phone No.
Provider address		Date(s) of Service
Description of services that are being appealed		
Description of services that are being appealed		

I agree to allow the above health care provider to file an appeal on my behalf, with Contra Costa Health Plan, if there is a question about coverage for the service(s) listed above.



I understand that:

- If I consent, I will not be able to file my own appeal concerning these same services, nor will any representative I appoint, unless this consent is rescinded in writing.
- I have a right to rescind this consent at any time. My legal representative has the right to rescind this consent at any time.
- This consent shall be automatically rescinded if my health care provider does not file an appeal or discontinues my appeal.
- I have read this consent or have had it read to me, and it has been explained to my satisfaction.

Member signature	Date
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*The above-named member is unable to sign this consent form because of the following reason: *(only to be completed if member is unable to provide signature)*

Reason Member is unable to provide a signature

I consent for the above-named member:

Print Representative Name:	Representative Signature	Date
Print Witness Name:	Witness Signature	Date

Return the completed authorization form in one of the following ways:

Mail:

Member Appeals Department
595 Center Avenue, Ste 100
Martinez, CA 94553

FAX:

(925) 313-6047

