author
by Humana

Appointment of Representative Form

Member Name	
Member ID #	
Member Date of Birth	
Reference Number	
Medicare or National Provider Identifier #	

WHERE TO SEND THIS FORM

Please mail or fax a copy of this completed, signed form to:

Author Right Care Department
PO Box 213
Sidney, NE 69162
Fax # 1-833-301-1002

Section 1: To be completed by the Author by Humana member (also called the "beneficiary")

APPOINTMENT OF REPRESENTATIVE

I appoint this person, _____, to act as my representative in connection with my claim or asserted right under Title XVIII and related parts of Title XI of the Social Security Act (also called the "Act").

author
by Humana

I give my permission for my representative to make any request; to present or bring out evidence; to access information; and to receive any notice related to my claim, appeal, grievance or request on my behalf.

I understand that personal medical information related to my request may be given to my representative.

AUTHOR BY HUMANA MEMBER'S INFORMATION

Signature	
Date	
Phone Number	
Street Address	
City	
State	
Zip Code	

Section 2: To be completed by the representative

ACCEPTANCE OF APPOINTMENT

I, _____, accept the above appointment to act as the representative for the Author by Humana member named in this document (also called the "beneficiary").

author
by Humana

I am a/an _____ *(fill in professional status or relationship to the beneficiary; for example: attorney, relative, etc.).*

I confirm that I have not been disqualified, suspended, or prohibited from practice before the Department of Health and Human Services (also called "HHS").

I confirm that I am not, as a current or former employee of the United States, disqualified from acting as the representative for the beneficiary.

I understand that any fee I may charge for acting as the beneficiary's representative may need to be reviewed and approved by the Secretary of the HHS.

REPRESENTATIVE'S INFORMATION

Signature	
Date	
Phone Number	
Street Address	
City	
State	
Zip Code	

author
by Humana

Section 3: To be completed by the representative

WAIVER OF FEE FOR REPRESENTATION

Instructions:

- This section should be filled out if the representative wants to, or is required to, waive their fee for representing the beneficiary.
- A note to providers or suppliers that are acting as a representative: If you provided services/items to the beneficiary, you may not charge a fee for representation and must complete this section.
- Further information about fees is available after section 4 of this form.

I waive my right to charge and collect a fee for representing the beneficiary before the Secretary of the Department of Health and Human Services.

Signature	
Date	

Section 4: To be completed by the representative

WAIVER OF PAYMENT FOR ITEMS OR SERVICES AT ISSUE

Instructions:

- A note to providers or suppliers that are acting as a representative: If you provided services/items to the beneficiary, you must complete this section if the appeal involves a question of liability under section 1879(a)(2) of the Act. Section 1879(a)(2) generally addresses whether a provider/supplier or beneficiary did not know, or could not reasonably be expected to know, at the time that the services/items were given, that Medicare would not cover the costs.
- Further information about fees is available below this section.

I waive my right to collect payment from the beneficiary for the services/items if the appeal involves a question of liability under section 1879(a) (2) of the Act.

Signature	
Date	

FURTHER INFORMATION ABOUT FEES

Charging Fees for Representing Beneficiaries before the Secretary of HHS
An attorney, or other representative for a beneficiary, who wants to charge a fee for services rendered in connection with an appeal before the Secretary of HHS (i.e., an Administrative Law Judge (ALJ) hearing or attorney adjudicator review by the Office of Medicare Hearing (OMHA), Medicare Appeals Council review, or a proceeding before OMHA or the Medicare Appeals Council as a result of a remand from federal district court) is required to obtain approval of the fee in accordance with 42 CFR 405.910(f).

The form, "Petition to Obtain Representative Fee" collects the information required for a fee petition. It should be completed by the representative and filed with the request for ALJ hearing or request for Medicare Appeals Council review. Approval of a representative's fee is not required if: (1) the appellant being represented is a provider or supplier; (2) the fee is for services rendered in an official capacity such as that of legal guardian, committee, or similar court appointed representative and the court has approved the fee in question; (3) the fee is for representation of a beneficiary in a proceeding in federal district court; or (4) the fee is for representation of a beneficiary in a redetermination or reconsideration. If the representative wishes to waive a fee, he or she may do so. Section 3 of this form (above) can be used for that purpose. In some instances, as indicated on the form, the fee must be waived for representation.

APPROVAL OF FEE

The requirement for the approval of fees ensures that a representative will receive fair value for the services performed before HHS on behalf of a beneficiary, and provides the beneficiary with a measure of security that the fees are determined to be reasonable. In approving a requested fee, OMHA or Medicare Appeals Council will consider the nature and type of services rendered, the complexity of the case, the level of skill and competence required to provide the services, the amount of time spent on the case, the results achieved, the level of administrative review to which the representative carried the appeal and the amount of the fee requested by the representative.