

VIRGINIA MEDICAID / FAMIS APPEAL AUTHORIZED REPRESENTATIVE FORM

You can use this form to appoint an individual or organization to act as your authorized representative.

I understand:

- I can represent myself
- This authorization is voluntary and I have the right to refuse to sign or cancel it at any time
- This authorization will expire automatically when my Medical Assistance appeal is closed
- My signature does not waive my financial obligation if the appeal is decided in the agency's favor
- My authorized representative has access to all protected health information regarding my appeal and I agree that this information may be disclosed to other persons in connection with this appeal

Appellant Information (tell us about you)

Appellant Name: _____ Date of Birth: _____ Social Security #: _____

Medicaid Member ID #: _____ Phone: (____) _____

Authorized Representative Information (tell us about who you would like to represent you)

Authorized Rep Name or Organization _____ Phone Number (____) _____

Authorized Representative's Relationship to the Appellant: _____

Preferred written language (letters will be sent in this language) English Spanish

Authorized Representative's Address: _____

Signature of Appellant / Parent or Guardian of Minor Child: _____ Date: _____

For Organizations: The appellant must give written authorization to act on their behalf. For deceased appellants, provide documentation from the executor or administrator of the estate naming you as the Authorized Representative, this is needed to file an appeal.

If you are filing an appeal on behalf of an appellant who is unable to sign

To the best of my knowledge does the appellant have a legal guardian? Yes No

If the appellant is physically or mentally unable to sign tell us why _____

Is the appellant deceased? ___ Yes ___ No Your relationship to the deceased _____

To the best of my knowledge, the appellant does not have executor or administrator of their estate. Initial _____

Signature of Authorized Representative: _____ Date: _____

DMAS Appeals Division				
Email	Fax	Phone	Mail	AIMS Portal
appeals@dmas.virginia.gov	(804) 452-5454	804-371-8488	DMAS Appeals Division 600 E. Broad Street Richmond, VA 23219	https://www.dmas.virginia.gov/appeals

Print