



Appoint an authorized representative for my appeal (Member form)

You may choose an authorized representative when you file an appeal with your MO HealthNet Managed care plan, Healthy Blue. This is a trusted person (provider, family member, friend, or attorney) who has your permission to talk about your appeal with us, see your information, and act for you on matters related to your appeal. If you want someone to represent you, please fill out this form. After you complete the form, you or your representative can send this to:

Appeals and grievances
Healthy Blue
P.O. Box 62429
Virginia Beach, VA 23466
Fax: 855-860-9122 (preferred)

Representative information

I would like the following person to stand for me in my appeal of denied health services:

Name: _____

This is my healthcare provider: Yes No

If no, relationship to member: _____

Mailing address: _____

Phone: _____

Email: _____

Representative signature: _____ **Date:** _____

I understand that this person will be able to see my health records. I understand that this person will be able to see all information about this appeal. I understand this person will speak for me during the appeal process. This person will not be able to do this after the appeal is done.

Member signature: _____ **Date:** _____

Member information

Name: _____

Healthy Blue member ID: _____

Mailing address: _____

Phone: _____

Email: _____

We're here to help

If you have questions, you can call Member Services at 833-388-1407 (TTY 711), Monday through Friday from 8 a.m. to 5 p.m. Central time. For members who do not speak English, we offer oral interpretation services for all languages at no cost to you.

To be filled out by Healthy Blue:

Appeal number:

Date of receipt of appeal:

Enclosures: Get help in another language
Nondiscrimination notice

cc: <Servicing Provider>

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