



Instructions for the Authorized Appeal Representative Form

During the appeal process, you may want a doctor, lawyer, or another person to represent you. Once approved, this form gives the listed person access to your protected health information (PHI). This person can speak on your behalf during the appeal process. Once your appeal is closed, this person will no longer be able to view your health information. They will no longer have access to your appeal.

Member Information

This section should contain the following information:

- Member Name
- Entire Member ID
- Phone number
- Address of the member who filed the appeal.

It is important to submit the entire member ID, which looks like the example below.

Group Number - Subscriber Number - Member Suffix: L0000000 - 500000000 - 00

This information can be found on your member ID card.

If you have trouble finding your entire member ID, please call customer service at the phone number listed on the back of your insurance card.

You can also go to our website at PHPMichigan.com/Contact-PHP to submit your questions to us. Sometimes it takes up to 48 hours for you to receive an answer to your question.

Authorized Appeal Representative Information

This is where you enter the name of the doctor, lawyer, or other person you would like to speak on your behalf. The person you list will only have access to your protected health information (PHI) for the specific appeal you write down. Once the appeal is closed, that person will no longer have access to your information.

Appeal Information

Enter the Reason for Appeal, Procedure/Service, and Ordering Provider for the appeal.

Sign and Date

Sign and date the form once you have completed all fields. Return the form via mail, fax, or by using the secure form on our website.

Mail Physicians Health Plan
Attn: Appeals
PO Box 30377
Lansing, Michigan 48909-7877

Fax 517.364.8517

Web PHPMichigan.com/Contact-PHP



Please Return To: Physicians Health Plan
Attn: Appeals
PO Box 30377
Lansing, Michigan 48909-7877

517.364.8500 phone
517.364.8517 fax

PHPMichigan.com

AUTHORIZED APPEAL REPRESENTATIVE FORM

The authorized appeal representative form will allow you to choose someone who can access your PHI, and speak on your behalf for the duration of an appeal. This form must be completed in full, signed, and is only valid for the duration of the designated appeal.

Member Information

Member ID Number - Include entire group and subscriber number with suffix
L0000000-500000000-00

Member Name

Member Date of Birth

Email Address

Daytime Phone Number

Evening Phone Number

Best Time to Reach You

Street Address

City

State

Zip Code

Authorized Appeal Representative Information

I grant the following individual access to my PHI as it relates to the listed appeal. This authorization will expire once the listed appeal is closed.

Authorized Appeal Representative Name

Email Address

Daytime Phone Number

Evening Phone Number

Best Time to Reach You

Street Address

City

State

Zip Code

Appeal Information

Reason for Appeal

Procedure/Service

Ordering Provider

Date

Signature