



Authorized Representative Form (Member Form)

An authorized representative is a person with written consent to decide health issues for a member. This consent must be from the member, parent, legal guardian, or a legal representative of a deceased member's estate. Health issues that an authorized representative can decide on include:

- Enrollment and disenrollment
• Filing appeals and grievances with Amerigroup
• Choosing a primary care provider (PCP)

You can use your state fair hearing rights from the Department of Community Health. If you do, your PCP cannot act as your authorized representative or file the hearing request for you.

When you sign this form, you agree to let the person named as your authorized representative act for you on the items listed above.

Member name: _____

Amerigroup ID number: _____ Phone number: _____

Specified event or time frame: _____

Authorized representative name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Sign and mail this form to:
Medical Appeals
Amerigroup Community Care
P.O. Box 62429
Virginia Beach, VA 23466-2429

You can also fax the form to 888-458-1406.

You may take this consent back at any time. To do this, send a written notice to the address above. You will be liable for any decisions made during the time you let the authorized representative act for you. This time frame starts on the date of the first signed consent. It ends either on the date we get your written notice to take it back or on the end date of an event, whichever is sooner.

Signature: _____ Date: _____

Member, Parent, or Legal Guardian