





# Fallon Community Health Plan (FCHP)

## Personal Representative Authorization Form Filing an Internal Appeal



As a member of a FCHP commercial plan (e.g. Direct Care, Select Care, and PPO) or the FCHP MassHealth Plan, this form allows you to choose in writing a person who is authorized to file an internal appeal on your behalf. This person is called a Personal Representative. You do not need to fill out this form if you would like to notify FCHP of a legal representative, such as a durable power of attorney, guardian or health care proxy. Simply submit a copy of the legal document to FCHP at the address listed at the end of this form and it will be reviewed.

### Member information

Member name:	Member telephone number:
FCHP Member ID number:	MassHealth ID number (if applicable):
Member address:	

### Personal Representative information

Personal Representative name:	Personal Representative relationship to member:
Personal Representative telephone number:	Personal Representative address:

***I authorize my Personal Representative to act as my representative in connection with my FCHP internal appeal. I authorize this individual to make any request; to present or to get evidence; to obtain appeals information; to receive any notice in connection with my appeal, wholly in my place; and to access all personal information about me, both financial and medical, that is necessary to represent me with my appeal.***

My permission to allow my Personal Representative to file an internal appeal on by behalf is effective (please check one):

- From the date I sign this form until the following date \_\_\_\_\_.
- Until I cancel it in writing to FCHP at the address listed below.

I understand that I may cancel this permission at any time by sending a written request to FCHP at the address listed below. I understand that it will not apply to any internal appeal that my Personal Representative made prior to me cancelling my permission.

Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or fax completed form to:

Privacy Coordinator • Fallon Community Health Plan • 10 Chestnut St. • Worcester, MA 01608  
Fax 508-831-1136