



## APPOINTMENT OF REPRESENTATIVE FORM

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Subscriber's Contract Number

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### APPOINTMENT OF REPRESENTATIVE

I appoint \_\_\_\_\_ (name of representative) to act as my representative in connection with my appeal.

I would like the person named above to make or give any request or notice; to present or elicit evidence; to obtain information; including, without limitation, the release of past, present, or future information about all medical diagnosis, treatments and/or conditions; and to receive any notice in connection with my pending appeal or asserted right on my behalf.

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature (patient, parent, or guardian)

\_\_\_\_\_  
Telephone Number (with area code)

\_\_\_\_\_  
Date

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### ACCEPTANCE OF APPOINTMENT

I, \_\_\_\_\_, hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not as a current or former officer or employee of the United States, disqualified as acting as the claimant's representative; that I will not charge or receive any fee for the representation unless it has been authorized in accordance with the laws and regulations.

I am a/an \_\_\_\_\_  
(Attorney, union representative, relative, etc.)

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature (representative)

\_\_\_\_\_  
Telephone Number (with area code)

\_\_\_\_\_  
Date

**Fax this completed form to: 904-301-1875**

We're here to help you. If you have a disability or use a language other than English, please call 1-877-352-2583 (TTY users, call 1-800-955-8770). The service is free.

Cuente con nosotros. Si tiene alguna discapacidad o prefiere utilizar otro idioma que no sea el inglés, llámenos al 1-877-352-2583 (usuarios de equipo teleescritor TTY, llamen al 1-800-955-8770). El servicio es gratis.