

**VIRGINIA MEDICAID / FAMIS CLIENT APPEAL
AUTHORIZED REPRESENTATIVE FORM**

Appellant Information

Last Name: _____ First Name: _____ Date of birth: _____

Social Security Number: _____ Case number: _____

Telephone number with area code: _____

Authorized Representative Information

I hereby appoint _____ as my Authorized Representative to act on my behalf during my Medicaid / FAMIS appeal. This authorization will expire automatically upon the completion of my appeal to DMAS or if I revoke it in writing to:

Appeals Division
Dept. of Medical Assistance Services
600 East Broad Street
Richmond, VA 23219

or

Fax (804) 452-5454

My relationship to the Authorized Representative: _____

My Authorized Representative's address: _____

My Authorized Representative's telephone number with area code: _____

- This authorization is at my request and I understand that I have the right to refuse to sign this authorization and that it is strictly voluntary
- I understand that my signature does not waive my right to represent myself
- I understand that my signature does not waive my financial obligation should the appeal be decided in the agency's favor
- I authorize my Authorized Representative to have access to all protected health information regarding my appeal and agree that this information may be disclosed to other persons in connection with this appeal

Printed Name of Appellant / Parent of Minor Child: _____

Signature of Appellant / Parent of Minor Child: _____ Date: _____

If appellant is physically unable to sign, the Authorized Representative may sign below:

I hereby certify that (appellant) _____ is physically unable to sign this Authorized Representative Form. Describe the physical incapacity affecting the appellant.

Signature of Authorized Representative: _____ Date: _____

NOTE: This form is not valid for appellants who are mentally unable to sign or deceased. If the appellant is mentally unable to sign, the person acting on their behalf must submit legal proof of guardianship with the appeal. If the appellant is deceased, you must submit evidence from a court that you qualified as the Executor or the Administrator of the appellant's Estate. A Power of Attorney or Last Will and Testament is not acceptable proof of representation.