



Appointment of Representative Form

A Rite Smiles member/responsible party can choose to have a representative help with an Appeal or Grievance. This form needs to be completed. If you are not able to fill it out, your representative may fill it out for you.

Member Name _____ **Member ID** _____

I want _____ to be my representative for this Appeal or Grievance.
(Please print the name of person you want as your representative on the line above.)

The person named above may do all of the things below on my behalf for this Appeal or Grievance:

- Make or give any request or notice.
- Present, gather or give any information.
- Receive any notices or requests for information.

I also allow UnitedHealthcare to release and discuss my personal health information with the person named above during my appeal.

Member or Responsible Party Signature _____ **Date** _____

Representative Name _____ **Telephone Number** _____

Representative Signature _____ **Date** _____

Please send a **copy** of this completed form to:

UnitedHealthcare – Rite Smiles
Attn: Grievance and Appeals Unit
P.O. Box 170
Milwaukee, WI 53201