

<<IPA Logo>>

<<Date>>

<<Member Name>>  
<<Address Line 1>> <<Address Line 2>>  
<<City>>, <<ST>> <<Zip>>

## Appointment of Representation (AOR) Request

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**Member's Name:**

**Member ID Number:**

Health Plan Name: IEHP DualChoice (HMO D-SNP)  
Phone: **1-877-273-IEHP (4347)**

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Dear<<Member Name>>:

We hope this letter finds you well. We are writing to let you know IPA got your request for coverage of an item, service, or drug. You have asked for someone to help you with this request. Before we can speak to anyone else, Medicare needs you to fill out the enclosed "Appointment of Representative" form or send your own written request.

If you send in your own written request, it must have all the details in the list below: (Check the circle next to each item completed.)

- Your name, address and phone number.
- Your Medicare number, which is on the front of your red, white and blue Medicare card; or your IEHP DualChoice Member ID, which is on the front of your IEHP DualChoice Member Card.
- The name, address and phone number of the person you'd like to act on your behalf.
- A statement that you authorize the person to act on your behalf for the request.
- A statement that you authorize IEHP DualChoice to show your health information to your representative.
- Your signature and date.
- The signature of the person you wish to act on your behalf, along with the date.
- A statement from the person you wish to act on your behalf – that he/she accepts the appointment.

You need to send your request by <MM/DD/YYYY> in the (self-addressed postage-paid) envelope enclosed with this letter, or you can fax the documents to < **enter fax number here**>.

If we do not get the documents by the date above, your request could be denied.

**If you have questions** about this notice or want to know the status of your case, please contact <<IPA>> at <<IPA Telephone Number>>, <<IPA Hours of Operation>>. TTY users should call <<IPA TTY Number>>.

Thank you for being a valued Member of <<IPA>>.

To your health,

<<IPA>>

Enclosed: CMS Form 1696 "Appointment of Representative Statement" and self-addressed, postage-paid envelope.

*IEHP DualChoice (HMO D-SNP) is a HMO plan with a Medicare contract. Enrollment in IEHP DualChoice (HMO D-SNP) depends on contract renewal.*