<<<<IPA>> Logo>>

<<Date>>

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

Appointment of Representative (AOR) Dismissal

Member's Name: <<Member Name>> **Member ID Number:** <<Member ID>>

Health Plan Name: IEHP DualChoice (HMO D-SNP)
Phone: <<IPA Number>>

Dear valued <<IPA>> Member,

We hope this letter finds you well. We are writing to let you know we received the request you filed on <**insert date**>. You asked to have someone act on your behalf, however, we did not receive a completed "Appointment of Representative" (AOR) form. So, we cannot process your request.

You will need to fill in and mail the enclosed AOR form or other notice described below. Please call us (at the number on the next page) if you still need help for your request to be processed.

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.)

- o Your name, address and phone number.
- o 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.
- o The name, address and phone number of the person you'd like to act on your behalf.
- o A statement that you authorize the person to act on your behalf for the request.
- o A statement that you authorize IEHP DualChoice to show your health information to your representative.
- o Your signature and date.
- o The signature of the person you wish to act on your behalf, along with the date.
- o A statement from the person you wish to act on your behalf—that he/she/they accept the appointment.

You may send your request in the (self-addressed, postage-paid) envelope enclosed with this letter, or you can fax the documents to **<enter fax number>.**

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