APPOINTMENT OF REPRESENTATIVE STATEMENT

_____	_____
Beneficiary Name	Member ID Number
_____	_____
Provider	Dates of Service

I hereby swear that I am the above-mentioned beneficiary or an authorized representative of the above-mentioned beneficiary. I do hereby appoint the swearing individual _____ to act as my representative in requesting reconsideration from AvMed Health Plans or its designee regarding the services, which the health plan has denied payment or authorization.

_____	_____
Signature	Date