



Personal Representative Designation Form

We received your request to appoint a personal representative to act on your behalf in discussing your health information and benefit coverage through MedStar Medicare Choice.

Your privacy is important to us. Please take a moment to provide the requested information about yourself and the person you are designating to act on your behalf concerning your healthcare benefits. Once you return this completed, signed and dated form to us, we can verify your request, adjust our records accordingly and speak to your personal representative. Please read this form carefully, and fill it out completely.

Please print or type in the information requested. If printing, please use a pen.

Required Information:

Member's name:		
Address of the member:		
Address of the policy holder (if different from above):		
Member's date of birth:		
Member's ID #:		Medicare #:
The name, address, and phone/fax numbers of the person the member is designating as his/her representative:		
Are there any limitations on issues your personal representative may discuss? If yes, please specify (e.g., claims payment, pharmacy, etc.).		
Expiration date/event for this designation: (If you do not want this personal designation to expire, leave this section blank.)		
Phone Number: Please designate a telephone number in case we need to contact you about the information you provided on this form.		

Required Signatures:

Personal Representative's Signature: _____ **Date:** _____

Member's Signature: _____ **Date:** _____

If the member is a minor or otherwise legally unable to make decisions for himself/herself, please provide the name, address and relationship to the member of the person who is signing the designation letter.

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____

Please return this completed form either by fax or by mail:

- Fax to: 855-434-8762
- Mail to: MedStar Medicare Choice
P.O. Box 65
Pittsburgh, PA 15230-9922

If you have any questions about this Personal Representative Designation form, please call our Member Services Department at 855-222-1041 from 8 a.m. to 8 p.m., seven days a week. TTY users should call 855-250-5604.

Our hours of operation change twice a year. You can call us October 1 through February 14, from 8 a.m. to 8 p.m., seven days a week. From February 15 through September 30, you can call us from 8 a.m. to 8 p.m., Monday through Friday, and from 8 a.m. to 3 p.m., Saturday.

MedStar Medicare Choice (HMO), MedStar Medicare Choice Dual Advantage (HMO SNP) and MedStar Medicare Choice Care Advantage (HMO SNP) have contracts with Medicare. MedStar Medicare Choice Dual Advantage also has contracts with the D.C. Department of Health Care Finance and the Maryland Department of Health and Mental Hygiene (Medicaid) programs. Enrollment in MedStar Medicare Choice depends on contract renewal.