

**Note: The member or their authorized representative must sign this document.**



Provider information		
Provider name:	NPI:	
Group name:	Phone:	
Address:		
City:	State:	ZIP code:
Description of action that may be appealed:		

Member information and consent	
I agree to allow the provider listed above to file an appeal for me with First Choice <sup>SM</sup> . This will be an appeal of the action taken by First Choice that is described above. I have read this consent or have had it read to me and it has been explained to my satisfaction. I understand the information in the consent form and give my consent to this provider to file an appeal for me.	
Member name:	Date of birth:
Address:	Phone:
Member signature:*	Date:**
* Must be signed by the member. **Consent cannot be dated before the date(s) of the service(s) in question.	

Consent from a designated representative		
<input type="checkbox"/> The member listed above is unable to sign this consent form because of the reason(s) listed below. I am authorized to consent on behalf of the member and I hereby give my consent:		
Representative name:	Relationship to member:	
Representative signature:	Date:	
Witness name:	Signature:	Date: