

AUTHORIZATION FOR REPRESENTATION

Date of Request _____ Provider ID # (if applies) _____

Delegate Name _____

Delegate Address _____

Organization (if applies) _____ Phone Number _____

Signature of Delegate _____ Date _____

On behalf of Member:

Name _____ Date of Birth _____

Address _____

MA ID# _____

By signing this consent form, the above mentioned delegate is allowed to act on behalf of me/ Member during the complaint/grievance process which is addressing the issue of:

I may not submit a complaint/grievance concerning the services listed in this consent form unless I rescind this consent in writing with PerformCare. I have been advised that I may take back this request at any time during this complaint/grievance.

If this consent is removed in writing, I may file a complaint/grievance on my/Member's own behalf. I may also, at any time during this complaint/grievance process, give consent again to the above named delegate to act on my/Member's behalf.

Regardless of the outcome of this grievance I/Member will not be held financially responsible.

I have read and understand or have had read to me, to my satisfaction, this consent form.

Member Signature _____ Date _____

Member Representative _____ Date _____
(For Minor or legally incompetent Member)

Address of Representative _____

Relationship to Member _____