Community Care Partners
Working Together for Your Health

PHONE: 888-977-2447 TTY: 800-855-2880
www.care-partners.org

COMMUNITY CARE PARTNERS AUTHORIZED REPRESENTATIVE DESIGNATION

You may have someone else act on your behalf in an appeal. The person you list below will be accepted as your representative. We cannot speak with anyone on your behalf until we receive this form. Return to us at:

Community Care Partners
4901 Searle Parkway Suite 300
PO BOX 1006
Skokie, IL 6007
Telephone: 888-977-2447 (TTY/TDD: 800-855-2880)
Fax: 847-982-6923
Website: www.care-partners.org

1. I want the following person to act for me in my appeal:

Name of Representative: _____

2. Address of Representative:

Street Address or PO Box: _____ **Apt #**____

City: _____ **State:** _____ **Zip Code:** _____

Daytime Phone Number: (___) ____ - _____ **Evening Phone Number: (___) ____ - _____**

3. Brief description of the appeal for which the Representative will be acting on your behalf:

_____
_____
_____
_____

4. Member Signature:

_____ _____
Printed Name of Member (or legal representative)* Date

_____ _____
Signature of Member (or legal representative)* Date

* Relationship to Member:
__Parent __Guardian __Other—Please Specify