Authorized Representative Designation / Removal

BlueCross BlueShield of Arizona

An Independent Licensee of the Blue Cross and Blue Shield Association

Use this form to designate/remove an individual or entity to act on your behalf as your authorized representative to pursue a benefit claim or appeal of an adverse benefit determination. See your benefit plan documents or contact your plan administrator for more information. You must also complete a Confidential Information Release Form authorizing BCBSAZ to release your confidential health information.

NOTE: By submitting this form you agree that BCBSAZ may contact you to verify the information it contains.

Member Information

Member Name* _____

Address* _____

City* _____ State* _____ Zip Code* _____

Daytime Phone #* _____ Email _____

Member ID* _____ Group* _____

Authorized Representative Information

Name* _____

Company _____

Address* _____

City* _____ State* _____ Zip Code* _____

Daytime Phone #* _____ Email _____

Choose from the following by placing an X in the appropriate boxes:*

☐ I authorize the individual or entity shown above to act on my behalf for the following purposes:

- ☐ all claims, plan beneficiary health care appeals and plan beneficiary grievances.
- ☐ Other (*explain*) _____

☐ I remove the authority for the individual or entity shown above to act on my behalf.

ATTESTATION*

By signing below, I declare under penalty of perjury that the information contained on this form is true and correct.

Member's Signature _____ Date _____

Parent or Legal Guardian _____ Date _____

(*A parent or legal guardian must sign if the member is a minor.*)

* *Indicates required information.*

Mail completed form and Confidential Information Request Form to:
BCBSAZ Privacy Office, Mail Stop C302, P.O. Box 13466, Phoenix AZ 85002-3466.

Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídíłkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídíłkidgo beehaz'áanii hólǫ díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo bąąh ílínígóó. Ata' halne'ígíí kojį' bich'į' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799.

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:
إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب 877-475-4799.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:
اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 [تماس حاصل نمایید.

Assyrian:
ܐܢ ܐܢܬܘܢ، ܝܢ ܚܕ ܟܕܝܘܬܐ ܕܝܘܬܘܢ ܒܥܕܪܘܢܐ ܠܗ، ܐܝܬܠܘܢ ܫܘܐܠܐ ܒܘܕ Blue Cross Blue Shield of Arizona، ܐܝܬ ܠܘܟܘܢ ܙܕܩܐ ܕܡܩܒܠܬܘܢ ܗܝܪܬܐ ܘܡܘܕܥܢܘܬܐ ܒܠܫܢܘܟܘܢ ܡܓܢܐܝܬ. ܠܡܫܘܥܬܐ ܥܡ ܚܕ ܡܦܫܩܢܐ، ܡܚܐ ܠܗܘܢ ܥܠ ܗܠܝܢ ܡܢܝܢܐ 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคณ หรอคนทคณกาลงชวยเหลอมคาถามเกยวกบ Blue Cross Blue Shield of Arizona คณมสทธทจะไดรบความชวยเหลอและขอมลในภาษา ของคณไดโดยไมมคาใชจาย พดคยกบลาม โทร 877-475-4799

BlueCross BlueShield of Arizona

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