

Date

Name

Address

Address

City, State, Zip Code

Patient:

Date of Birth:

Date(s) of Service:

Provider:

Regarding:

I have given my permission for \_\_\_\_\_ to represent  
*Name of Representative*  
me, and act on my behalf regarding the above referenced denial for the following services:

\_\_\_\_\_.

I authorize Blue Cross and Blue Shield of North Carolina (BCBSNC) to release any of my protected health information (PHI) to my representative named above for the purpose of resolving my appeal.

I understand that I may revoke this authorization at any time by mailing a written notice to BCBSNC at the address below. I understand that revoking this authorization will not affect my action that BCBSNC has taken prior to receiving my notice of revocation.

I further understand that BCBSNC will not condition the provision of my health plan benefits because of this authorization.

I further understand that the person(s) that I have given permission to receive my PHI may not be subject to federal health information privacy laws and that they may disclose my information and it may no longer be protected by federal health information privacy laws.

I further understand that my health benefits plan prohibits the transfer or assignment of any benefits or right to receive payment under the benefit plan. This authorization is for the limited purpose of authorizing my representative to represent me with respect to the above-referenced denial of services and the appeal thereof. This authorization cannot and does not transfer or assign any benefit or right to receive payment to my representative, or otherwise permit my representative to make any request or seek any relief other than in my name and on my behalf.

This authorization will expire upon resolution of this appeal.

Thank you,

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Member Signature

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Date

Please return the completed form to the Appeals Department of Blue Cross and Blue Shield of North Carolina.

By Mail: Blue Cross and Blue Shield of North Carolina  
Attn: State Health Plan - Appeals Department\  
P.O. Box 30055  
Durham, NC 27702-3055

By Fax: 919-765-2322