

During the appeal process, you may want a doctor, lawyer, or another person to represent you. Once approved, this form gives the listed person access to your protected health information (PHI). This person can speak on your behalf during the appeal process. Once your appeal is closed, this person will no longer be able to view your health information. They will no longer have access to your appeal.

Member Information

This section should contain the following information:

- Member Name
- Entire Member ID
- Phone number
- Address of the member who filed the appeal.

It is important to submit the entire member ID, which looks like the example below.

Group Number - Subscriber Number - Member Suffix: L0000000 - 500000000 - 00

This information can be found on your member ID card.

If you have trouble finding your entire member ID, please call customer service at the phone number listed on the back of your insurance card.

You can also go to our website at PHPMichigan.com/Contact-PHP to submit your questions to us. Sometimes it takes up to 48 hours for you to receive an answer to your question.

Authorized Appeal Representative Information

This is where you enter the name of the doctor, lawyer, or other person you would like to speak on your behalf. The person you list will only have access to your protected health information (PHI) for the specific appeal you write down. Once the appeal is closed, that person will no longer have access to your information.

Appeal Information

Enter the Reason for Appeal, Procedure/Service, and Ordering Provider for the appeal.

Sign and Date

Sign and date the form once you have completed all fields. Return the form via mail, fax, or by using the secure form on our website.

Mail Physicians Health Plan
Attn: Appeals
PO Box 30377
Lansing, Michigan 48909-7877
Fax 517.364.8517
Web PHPMichigan.com/Contact-PHP



LANGUAGE ASSISTANCE

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800.832.9186 (TTY: 711).

Spanish: ATENCIÓN: Si habla español, puede solicitar servicios gratuitos de asistencia lingüística. Llame al 800.832.9186 (TTY: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المُساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 800.832.9186 (TTY: 711)

Chinese: 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電800.832.9186 (TTY: 711)

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie unter 800.832.9186 (TTY: 711) an.

Italian: ATTENZIONE: Se parla italiano, può disporre di servizi di assistenza linguistica gratuiti. Chiamare il numero 800.832.9186 (TTY: 711).

Japanese: 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。 800.832.9186 (TTY: 711) まで、お電話にてご連絡ください

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800.832.9186 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800.832.9186 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, вам доступны бесплатные услуги перевода. Звоните 800.832.9186 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, mayroong mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800.832.9186 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số 800.832.9186 (TTY: 711).

Bengali: লক্ষ্য করুনঃ আপনি যদি ইংরেজি ব্যতীত অন্য কোনো ভাষায় কথা বলেন,, তাহলে আপনার জন্য নিখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ৪০০.৪32.9186 (TTY: 711)।

Albanian: NJOFTIM: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800.832.9186 (TTY: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su Vam besplatno. Nazovite 800.832.9186 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Syriac:

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Please Return To: Physicians Health Plan Attn: Appeals PO Box 30377 Lansing, Michigan 48909-7877

> 517.364.8500 phone 517.364.8517 fax

AUTHORIZED APPEAL REPRESENTATIVE FORM

The authorized appeal representative form will allow you to choose someone who can access your PHI, and speak on your behalf for the duration of an appeal. This form must be completed in full, signed, and is only valid for the duration of the designated appeal.

PHPMichigan.com

Member Information Member ID Number - Include entire group and subscriber number with suffix Member Name Member Date of Birth L000000-50000000-00 **Email Address Evening Phone Number Daytime Phone Number Best Time to Reach You Street Address Zip Code** City State

Authorized Appeal Representative Information

I grant the following individual access to my PHI as it relates to the listed appeal. This authorization will expire once the listed appeal is closed.

Authorized Appeal Representative Name

Email Address	Daytime Phone Number	Evening Phone Number	Best Time to Reach You
Street Address	City	State	Zip Code
Appeal Information Reason for Appeal			
Procedure/Service	Ordering P	rovider	