



Federal Employee Program.

**FEDERAL EMPLOYEE PROGRAM
DESIGNATION OF REPRESENTATIVE AS AUTHORIZED REPRESENTATIVE
FOR THE DISPUTED CLAIMS PROCESS**

Name of the Blue Cross and Blue Shield Service Benefit Plan member:

Name of person granting authorization and relationship to Service Benefit Plan member (*if other than the member*) (e.g., parent, personal representative):

I designate the following representative _____ (*insert name of doctor, hospital division, laboratory, health plan or other entity*) as my authorized representative to appeal the claims decision listed below:

This authorization is for the sole purpose of allowing me, as the member, or my named personal representative to dispute the items noted below, and expires upon completion of the disputed claims process:

Pre-Service Reference # _____

Claim # _____

Refund Request Document # _____

Other _____
