



A plan for life.

Physician/Provider Designation Form Appeals/Grievances/Complaints

I designate my physician/provider, _____

to act on my behalf regarding the following member issue: _____

Member Name (Print)

Member ID Number

Member Name (Signature)

Date

*This form is not valid for CDPHP Medicare members. CDPHP Medicare members must use the CMS 1696 Appointment of Representative form available on the CDPHP Web site at www.cdphp.com.

This form can only be completed after services are denied.

Return this completed form to:

CDPHP Appeals and Complaints Department
500 Patroon Creek Blvd.
Albany, NY 12206-1057