

APPOINTMENT OF REPRESENTATIVE

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Section 1: Appointment of Representative

To be completed by the party seeking representation (i.e., the Medicare beneficiary, the provider or the supplier):

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	N W

Section 2: Acceptance of Appointment

To be completed by the representative:

_____ D D

W

	D
	N W

Section 3: Waiver of Fee for Representation

Instructions: This section must be completed if the representative is required to, or chooses to waive their fee for representation. N

must

W _____

D

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Section 4: Waiver of Payment for Items or Services at Issue

Instructions: Providers or suppliers serving as a representative for a beneficiary to whom they provided items or services must complete this section if the appeal involves a question of liability under section 1879(a)(2) of the Act.

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Charging of Fees for Representing Beneficiaries before the Secretary of DHHS

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Approval of Fee

D

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Conflict of Interest

D

W

Where to Send This Form

W

D

D

AltFormatRequest@cms.hhs.gov

W

W
