

## APPOINTMENT OF REPRESENTATIVE STATEMENT

Please include a signed copy with the reconsideration case file submitted to the IRE, where applicable.

\_\_\_\_\_  
*Enrollee Name* *Medicare HIC or MBI Number*

\_\_\_\_\_  
*Provider* *Dates of Service*

PACE Organization: \_\_\_\_\_

I hereby swear that I am the above-mentioned enrollee or have the legal authority to appoint a representative for the above-mentioned enrollee. I appoint the following individual \_\_\_\_\_ to act as my representative in requesting a reconsideration from the above-referenced PACE Organization and/or C2C, as designated external appeal agent of the Centers for Medicare & Medicaid Services.

\_\_\_\_\_  
*Signature* *Date*

I, \_\_\_\_\_ hereby accept the above appointment.  
*(Appointed Representative)*

\_\_\_\_\_  
*Signature of Appointed Representative* *Date*