



# Molina Healthcare of Michigan Authorized Representative Designation

To have someone else act on your behalf on an appeal or grievance, complete and return this form. The person listed will be accepted as your authorized representative. We are unable to speak with anyone on your behalf unless this form is completed, signed, and returned to us.

Molina Healthcare of Michigan  
Attention: Appeals & Grievance Coordinator  
880 West Long Lake Road, Suite 600  
Troy, MI 48098  
Fax: (248) 925-1799

## Member Information

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member ID Number (on your Molina Healthcare ID card): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Authorized Representative Information

I (the member) hereby authorize the following person to act on my behalf in the filing and processing of my appeal with Molina Healthcare:

Name of Authorized Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Relationship:  Parent  Guardian  Conservator  Other: \_\_\_\_\_

Briefly describe the service and date(s) (if applicable) for which the Authorized Representative will be acting on your behalf:

## Member Signature

Print Member Name:	Date:
Signature of Member:	Date:

## Acceptance of Appointment

I (the Authorized Representative) hereby accept the subject Authorized Representative appointment.

Print Name of Authorized Representative:	Date:
Signature of Authorized Representative:	Date:

*Please note you may revoke this authorized representative designation at any time by contacting Molina Healthcare.*

If you have any questions, please call Molina Healthcare Member Services at (888) 560-4087, Monday - Friday, 8 a.m. to 5 p.m. EST (TTY: 711) or (248) 925-1700.