Aetna Better Health® of Illinois
3200 Highland Avenue, MC F648
Downers Grove, IL 60515

AETNA BETTER HEALTH OF ILLINOIS AUTHORIZED REPRESENTATIVE DESIGNATION

To have someone else act on your behalf in an appeal, 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.

Aetna Better Health of Illinois
Attention: Appeals & Grievance Coordinator
PO Box 81139
Cleveland, OH 44181
Fax: 1-844-951-2143

1. I hereby authorize the following person to act on my behalf in the filing and processing of my appeal with Aetna Better Health of Illinois:

Name of Authorized Representative:_____

2. Brief description of the service and date(s) (if applicable) for which the Authorized Representative will be acting on your behalf:

3. Address of Authorized Representative
Street Address or PO Box: _____Apt #:_____

City: _____State:_____Zip Code:_____

Phone Number: Daytime (___) _____Phone Number: Evening (___)_____

4. Member Signature
Printed Name of Member (or legal representative) *_____Date_____

Signature of Member (or legal representative) * _____Date_____
* Relationship if other than the Member:

☐ Parent ☐ Guardian ☐ Conservator ☐ Other – Please Specify _____

Please note you may revoke this authorization at any time.