



Personal Representative Appointment Form

IMPORTANT: Please read the front and back of this form before completing.

I wish to appoint the Personal Representative listed below to assist me with my coverage through, or administered by, VIVA HEALTH, Inc., VIVA MEDICARE, VIVA HEALTH Administration, L.L.C. (referred to collectively herein as "VIVA HEALTH") and VIVA HEALTH's Business Associates. This includes the ability for my Personal Representative to access my eligibility, enrollment, claims and authorization information and to communicate provider changes on my behalf to VIVA HEALTH. This appointment does not permit my Personal Representative to make enrollment or disenrollment decisions for me. **Note: For VIVA HEALTH members, this form allows the Personal Representative named in this Form to file a complaint on your behalf. For VIVA MEDICARE members, Form CMS 1696 must be used to permit an individual to file a grievance and/or appeal on your behalf. VIVA MEDICARE members can call Medicare Member Services at the phone number on the back of this form to request Form CMS-1696.**

I also authorize the release of my protected health information ("PHI") in the possession of VIVA HEALTH or its Business Associates to my Personal Representative. This includes all my medical information including, but not limited to, any information related to HIV status, pregnancy, mental health, substance abuse and sexually transmitted diseases. I understand that this authorization is strictly voluntary and is not required to enroll with or receive benefits from VIVA HEALTH. I understand that disclosures made to my Personal Representative will not be included in an Accounting of Disclosures.

Member Information

Name: (First, Middle, Last)

Address:

Member ID Number: (Shown on your VIVA ID Card)

Date of Birth: (Month/Day/Year)

Your Signature: _____ Date: _____

Personal Representative Information

Name: (First, Middle, Last)

Address:

Home phone number: (Include Area Code)

Personal Representative's Relationship to Member:

Personal Representative's Signature: _____ Date: _____

Please keep a copy of this form for your records.

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Important Information About Personal Representatives

Use of Form. This Appointment Form can only be used as it relates to your coverage with VIVA HEALTH. It cannot be used to appoint a Personal Representative for any other function outside your coverage with VIVA HEALTH.

Effective Date. Your Personal Representative Appointment will become effective as of the date VIVA HEALTH receives this fully completed and signed form.

Right to Revoke. This appointment will remain in effect until such time as it is revoked in writing by you to the address listed below. Revocation of this appointment will not affect any action VIVA HEALTH took in reliance on this appointment before VIVA HEALTH received your written notice of revocation.

Re-disclosure. Once your information has been disclosed to your Personal Representative, it may be subject to re-disclosure and no longer protected by federal privacy regulations.

Personal Representative Exceptions. VIVA HEALTH is not required to treat someone as your Personal Representative if we reasonably believe: (1) you may be subject to domestic violence, abuse or neglect by the Personal Representative; (2) treating the person as your Personal Representative could endanger you; or (3) in the exercise of professional judgment (for example, in a licensed professional's judgment), we determine it is not in your best interest to treat the person as your Personal Representative.

Questions. If you have any questions about this form, please call VIVA HEALTH at one of the numbers listed below.

Please mail or fax this completed and signed form to one of the following:

VIVA MEDICARE members:

Mailing Address:

VIVA MEDICARE
Attention: Medicare Enrollment
417 20th Street North, Suite 1100
Birmingham, AL 35203

Fax: 205-449-6023

Questions: Please call Member Services at 1-800-633-1542. TTY users, call the Alabama Relay Service at 711. Our call center hours are from 8 a.m. to 8 p.m., Monday through Friday (from October 1 to February 14, call center hours are 8 a.m. to 8 p.m., 7 days a week).

All other VIVA HEALTH Members:

Mailing Address:

VIVA HEALTH
Attention: Commercial Customer Service
417 20th Street North, Suite 1100
Birmingham, AL 35203

Fax: 205-930-9406

Questions: Please call Customer Service 1-800-294-7780. TTY users, call the Alabama Relay Service at 711. Our call center hours are from 8 a.m. to 5 p.m., Monday through Friday.

VIVA Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-633-1542 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-633-1542 (TTY: 711)。

Please keep a copy of this form for your records.

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