CONSENT FOR PROVIDER TO FILE A FAIR HEARING ON BEHALF OF THE MEMBER

Provider Name	**Provider Plan ID Number**
Provider Address	**Description of Specific Service or Item for which I agree the Provider Can File a Fair Hearing**
Provider Telephone Number	**Will Provider be participating with the Member?**

Name of Member	**Member's Date of Birth**
Member ID No.	
Member Mailing Address	
Member Daytime Telephone Number	**Member Evening Telephone Number**

I, **[Name of Member]**, agree that **[Name of Provider]** can request a Fair Hearing for me with Health Partners or Department of Human Services about the service or item described above. **Note: This is only a consent for the Provider to request a Fair Hearing on behalf of the member. The member MUST attend the Fair Hearing either in person or by telephone as per the Health Choices Member Handbook.**

By signing this consent form, I understand the following:

1. I or my representative may not file a request for a Fair Hearing about the service or item listed in this consent form unless I or my representative takes back my consent for the provider to request a Fair Hearing in writing. I have the right to take back my consent at any time during the Fair Hearing process by telling

Health Partners and **[Name of Provider]** in writing that I do not want **[Name of Provider]** to continue the Fair Hearing process for me.

2. My consent to have the Provider file the request for a Fair Hearing for me will automatically no longer be in effect if the Provider does not file a request for a Fair Hearing or does not continue with the request for a Fair Hearing through the end of the request for a Fair Hearing process.

3. I or my representative has read, or has been read, this consent form, and have explained it to me until I understand it. I or my representative understands the information in this consent form.

_____ _____

Signature of Member or Representative **Date**

_____ _____

Witness Signature **Date**

_____

Print Witness Name

If the Member is unable to sign this Consent Form because the Member is legally incompetent:

_____

Name of Person Signing on Behalf of Member

_____

Address of Person Signing on Behalf of Member

_____

Relationship of Person Signing to Member

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