



Reconsideration and appeal representative form

You may have someone else act for you in a reconsideration or appeal. We can't speak with anyone on your behalf in a reconsideration or appeal until we receive this form. The person you list below will be accepted as your representative.

Return this form to us by fax, email or mail.

To request a representative for your **reconsideration**:

By fax: 1-844-429-9629

By email: LA1P2P@anthem.com

By mail: Healthy Blue, 3850 N. Causeway Blvd., Ste. 600, Metairie, LA 70002

To request a representative for your **appeal**:

1-888-873-7038

LA1appeals@healthyblue.com

Healthy Blue, 3850 N. Causeway Blvd., Ste. 600, Metairie, LA 70002

I, _____, want the following person to act on my behalf in my reconsideration or appeal. I understand personal health information related to my care may be given to my representative.

Representative's name: _____

Representative's phone: _____

Representative's address: _____

Representative's relationship to member: _____

If your representative is a health care provider, list your provider's specialty:

Reference # and brief description of the reconsideration or appeal: _____

Representative's signature: _____ Date: _____

Member's signature: _____ Date: _____

If you have questions or need help completing this form, call Member Services at 1-844-521-6941 (TTY 711) Monday through Friday 7 a.m. to 7 p.m.