

AUTHORIZATION FOR REPRESENTATION FOR PROVIDER INITIATED GRIEVANCES

Date of Request: _____ **Provider Name:** _____

Representative Name: _____

Provider Address: _____

Plan ID number: _____ **Phone Number:** _____

Signature of Representative: _____ **Date:** _____

Member Name: _____ **Date of Birth:** _____

Member Address: _____

Member MAID Number: _____

Explanation of the specific service that was provided or denied to which Member's consent will apply:

The grievance will be submitted to: PerformCare 8040 Carlson Rd Harrisburg, PA 17112

The Member or Member's representative may not submit a grievance concerning the service(s) listed in this consent form unless the Member or the Member's representative rescinds consent in writing. The Member or Member's representative has the right to rescind consent at any time during the grievance process.

The consent of the Member or the Member's representative shall be automatically rescinded if the provider fails to file a grievance or fails to continue to prosecute the grievance through the review process.

The Member or the Member's representative, if the Member is a minor or is legally incompetent, has read, or has been read, this consent form, and has had it explain to his/her satisfaction. The Member or the Member's representative understand the information in the Member's consent form.

Member/Parent/Guardian Signature: _____

Member/Parent/Guardian Name (Printed): _____

Relationship to Member: _____ **Date:** _____

Address: _____

Witness Signature: _____ **Date:** _____

Witness Name (Printed): _____

Provider Initiated Grievances

The Provider may not bill the Member for services provided as part of the grievance once the Provider assumes responsibility for filing.

The Member may rescind consent to the Provider at any time during the grievance process.

The Member may not file a grievance for the service(s) listed in the consent form unless the Provider fails to file or to continue with the grievance process.

The Member's consent is automatically rescinded if the Provider fails to file or to continue with the grievance process.

The Member may file the grievance for the service if the Provider fails to file. The Member may continue with the grievance at any point the Provider failed to continue.

The Member may choose at any time to provide consent for the Provider to continue with the grievance process.

The Provider must provide the Member notice of intent not to pursue the grievance within ten (10) calendar days of the denial notice or within ten (10) calendar days of a review decision notice.