GOVERNMENT OF PUERTO RICO
Office of the Commissioner of Insurance

Appointment of Representative
Please return this signed and completed form to the following address:

Office of the Commissioner of Insurance
Calaf Street 361
PO Box 195415
San Juan, PR 00919
or by email to: investigaciones@ocs.pr.gov
*(must include **Appointment of Representative** on the subject)

Section 1: APPOINTMENT OF REPRESENTATIVE

NAME OF CLAIMANT	PLAN\INSURANCE IDENTIFICATION NUMBER

To be completed by the claimant:

I appoint this individual: ________________________________ to act as my representative in connection with my request for external review by the HHS Federal External Review Process. I authorize this individual to make any request; to present or to produce evidence; to obtain external review information; and to receive any notice in connection with my external review, wholly in my place. I understand that personal medical information related to my appeal may be disclosed to the representative indicated below.

SIGNATURE OF CLAIMANT		DATE
STREET ADDRESS		PHONE NUMBER
CITY	STATE	ZIP

Section 2: ACCEPTANCE OF APPOINTMENT
To be completed by the representative:

I, ________________________________ hereby accept the above appointment. I certify that I have not been disqualified, suspended, or prohibited from practice before the Department of Health and Human Services; and that I am not, as a current or former employee of the United States, disqualified from acting as the claimant's representative.

I am a / an ____
(Professional Status or Relationship to The Claimant, E.G., Attorney, Relative, Etc.)

SIGNATURE OF REPRESENTATIVE		DATE
STREET ADDRESS		PHONE NUMBER
CITY	STATE	ZIP

If you need more information, please call 787-304-8686 or Toll Free_1-888-722-8686
Monday – Friday 8:00am – 4:30pm