Physicians Plus
A QUARTZ AFFILIATE

2650 Novation Parkway, Madison, WI 53713
(608) 282-8900 / (800) 545-5015
PPICInfo@QuartzBenefits.com
pplusic.com

Appointment of Authorized Representative for Appeal

This form allows a Physicians Plus member to choose someone to act on their behalf in pursuing an appeal. Please complete the form and return by mail to Quartz, Attn: Appeals Specialist, 840 Carolina Street, Sauk City, WI 53583; by email to AppealsSpecialists@QuartzBenefits.com; or by fax to (608) 644-3500.

Member Name:	Member ID Number:
Name of Service:	Provider Name:
Date of Service:	Location of Service:

Please complete the information about your authorized representative:

Name of Authorized Representative:		
Address of Authorized Representative:		
City:	State:	Zip:
Phone:	Email:	

I, _____ (member) hereby appoint

_____ (authorized representative) to act on my behalf in connection with the appeal of the above noted service. I authorize my representative to receive any and all information that is provided to me, and to act for me in providing any information to my health plan that relates to the appeal.

Note: All information and notifications will be directed to your authorized representative and to you, unless you direct otherwise by checking the applicable box below:

- ❑ Distribute only to me
- ❑ Distribute only to my authorized representative

This authorization is only valid for the duration of the grievance. If you sign this form, you may revoke the authorization at any time by notifying us in writing at the above address.

Signature of member or legal representative:	Date:
Printed Name:	