Aetna Better Health® of Kentucky
9900 Corporate Campus Drive, Suite 1000
Louisville, KY 40223

AUTHORIZATION RELEASE FOR STANDARD APPEAL

An Authorized Representative is a person you choose to act for you during an appeal of services you have been denied.

I want to appeal these denied services: _____

Dates of denied services:_____

Person I want to be my Representative: _____

How do you know the person who will be your Representative? (Relative, friend, attorney, etc.) _____

Address of my Representative: _____

_____

Telephone Number of my Representative: _____

I understand that:

- I can change my mind, at any time. If I change my mind, I'll let you know in writing.
- If I change my mind, it won't change anything you did before I changed my mind.
- When the appeal is over, this agreement will end.
- I know that you may need to give my health information to my representative, so that he/she can act for me.

By signing below, I agree that I have read and understand the information above.

Member Name: _____ (Print) Date: ____/____/____

Aetna Better Health of Kentucky Member ID#:_____

Member Signature (signature of parent/legal guardian): _____

If the member isn't signing, what is the signer's relationship to the member? _____

Aetna Better Health of Kentucky
9900 Corporate Campus Dr., Suite 1000
Louisville, KY 40223
Fax: **1-855-454-5585**