



nebraska
total care™

PERSONAL APPEAL REPRESENTATIVE FORM

You may have someone else act on your behalf in an appeal. The person you list below will be your representative. We cannot speak with anyone on your behalf until we receive this form. Return to us at:

Nebraska Total Care

ATTENTION: *Appeals Department*

2525 N. 117th Ave, Omaha, NE 68164

Phone 1-844-385-2192, TTY: 1-844-307-0342, Relay 711

Fax 1-844-655-0567

I, _____ want the following person to act

[PRINTED NAME OF MEMBER]

for me in my appeal. I understand Personal Health Information related to my appeal may be given to my **appeal representative**.

1. **Name of appeal representative** _____
[PLEASE PRINT]

2. **Address of appeal representative**
Street/PO Box/Apartment # _____
City _____ State _____ Zip Code _____
Daytime Phone (____) _____ Evening Phone (____) _____

3. **Brief description of the appeal for which appeal representative will be acting on in your behalf:**

4. **Member signature:** _____
[SIGNATURE OF MEMBER, PARENT OR GUARDIAN*] DATE
***Relationship to Member** Self Parent Guardian

5. **Appeal representative Signature:** _____
[SIGNATURE OF APPEAL REPRESENTATIVE*] DATE
***Relationship to Member** _____