



APPOINTMENT OF AUTHORIZED REPRESENTATIVE

I, _____ hereby authorize _____
Name of Member or Legal Representative Name of Authorized Representative

to pursue on my behalf an appeal of _____
Type of Service (e.g. outpatient, inpatient)

provided by _____ on _____ and denied by the Connecticut
Provider/Facility Date(s)

Behavioral Health Partnership (CT BHP).

Signature of Member or Legal Representative*

Date

Address of Authorized Representative

Phone Number of Authorized Representative
(_____)_____

* A Member’s legal representative (guardian, conservator) may authorize another party to seek authorization of services by completing and signing this form on behalf of the Member. The legal representative should also submit verification that the legal representative/guardian is legally authorized to act on behalf of the Member. (e.g. providing a copy of a court order)

This authorization form is valid only for the services currently being sought and only for one year from the time of signing. This appointment can be withdrawn or changed by the member at any time by contacting the Connecticut Behavioral Health Partnership (CT BHP) verbally or in writing.