

Medicare Part D
Appointment of Representative Form



SECTION I: APPOINTMENT OF REPRESENTATIVE		
Name of Person Seeking Representation		Medicare Number
<p>To be completed by the person seeking representation:</p> <p>I appoint this individual: _____ to act as my representative in connection with my claim or asserted right under Title XVIII of the Social Security Act (the "Act") and related provisions of Title XI of the Act. I authorize this individual to make any request; to present or to elicit evidence; to obtain appeals information; and to receive any notice in connection with my appeal, wholly in my stead. I understand that personal medical information related to my appeal may be disclosed to the representative indicated below.</p>		
Signature of the Person Seeking Representation		Date
Street Address		Phone Number (Area Code)
City	State	ZIP
SECTION II: ACCEPTANCE OF APPOINTMENT		
<p>To be completed by the representative:</p> <p>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; that I am not, as a current or former employee of the United States, disqualified from acting as the beneficiary's representative; and that I recognize that any fee may be subject to review and approval by the Secretary.</p> <p>I am a/an _____ (Professional status or relationship to the person seeking representation, e.g. attorney, relative, etc.)</p>		
Signature		Date
Street Address		Phone Number (Area Code)
City	State	ZIP
SECTION III: WAIVER OF FEE FOR REPRESENTATION		
<p>Instructions: This section must be completed if the representative is required to, or chooses to, waive his/her fee for representation. Note that providers or suppliers that are representing a participant in NRECA's Medicare Part D Plan and furnished the items or services may not charge a fee for representation and must complete this section.</p> <p>I waive my right to charge and collect a fee for representing _____ before the Secretary of the Department of Health and Human Services.</p>		
Signature		Date



(over)

SECTION IV: WAIVER OF PAYMENT FOR ITEMS OR SERVICES AT ISSUE

Instructions: Providers or suppliers that furnished the items or services at issue must complete this section if the appeal involves a question of liability under section 1879(a)(2) of the Act. *Section 879(a)(2) generally addresses whether a provider/supplier or beneficiary did not know, and could not reasonably be expected to know, that the items or services at issue would not be covered by Medicare.*

I waive my right to collect payment from the beneficiary for furnished items or services at issue involving 1879 (a)(2) of the Act.

Signature	Date
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Please Send Completed Form to the Appropriate Address:

NRECA Part D Plan
c/o CVS Caremark Part D Services, LLC
Appeals Department, MC 109
P.O. Box 52000
Phoenix, AZ 85072-2000
Or Fax to 1-866-884-9475

NRECA Part D Plan
c/o CVS Caremark Part D Services, LLC
Grievance Department
P.O. Box 53991
Phoenix, AZ 85072-3991
Or Fax to 1-866-788-5143

CHARGING OF FEES FOR REPRESENTING BENEFICIARIES BEFORE THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

An attorney, or other representative for a Medicare beneficiary who wishes to charge a fee for services rendered in connection with an appeal before the Secretary of the Department of Health and Human Services (DHHS), i.e. an Administrative Law Judge (ALJ) hearing Medicare Appeals Council (MAC) review, or a proceeding before an ALJ or the MAC as a result of a remand from federal district court, is required to obtain approval of the fee in accordance with 42 CFR §405.910(f).

The form, "Petition to Obtain Representative Fee" elicits the information required for a fee petition. It should be completed by the representative and filed with the request for ALJ hearing or request for MAC review.

Approval of a representative's fee is not required if (1) the appellant being represented is a provider or supplier; (2) the fee is for services rendered in an official capacity such as that of legal guardian, committee, or similar court appointed representative and the court has approved the fee in question; (3) the fee is for representation of the beneficiary in a proceeding in federal district court; or (4) the fee is for representation of a beneficiary in a redetermination or reconsideration. If the representative wishes to waive a fee, he or she may do so. Section III on the front of this form can be used for that purpose. In some instances, as indicated on the form, the fee must be waived for representation.

AUTHORIZATION OF FEE

The requirement for the approval of fees ensures that representative will receive fair value for the services performed before DHHS on behalf of a beneficiary, and provides the beneficiary with a measure of security that the fees are determined to be reasonable. In approving a requested fee, the ALJ or MAC considers the nature and type of services performed, the complexity of the case, the level of skill and competence required in rendition of the services, the amount of time spent on the case, the results achieved, the level of administrative review to which the representative carried the appeal and the amount of the fee requested by the representative.

CONFLICT OF INTEREST

Sections 203, 205 and 207 of Title XVIII of the United States Code make it a criminal offense for certain officers, employees and former officers and employees of the United States to render certain services in matters affecting the government or to aid or assist in the prosecution of claims against the United States. Individuals with a conflict of interest are excluded from being representatives of Medicare beneficiaries before DHHS.