

Appointment of Representative and Authorization to Disclose Information

This form allows a beneficiary to appoint someone to represent the beneficiary in a TRICARE appeal (32 CFR 199.10 - Appeal and Hearing Procedures). This form is not required if you are appealing on your own behalf or for a minor dependent. This appointment pertains solely to the denied authorizations or claims detailed in this form.

i appoint First Name:	ppoint first name: Last name:	
Representative Address:		
City:	State:	ZIP:
avoid the possibility of a conflict government, to include an emp Service legal office, a military of not eligible to serve as a represt of a Uniformed Service is repre said representative, information	et of interest, I understand that service no loyee or member of a Uniformed Service or hospital clinic provider or a Beneficiary sentative. An exception to this is made we senting an immediate family member. I a	R 199.10, Appeal and Hearing Procedures. To nember or employee of the United States federal, an employee or staff member of a Uniformed Counseling and Assistance Coordinator (BCAC), is then an employee of the United States or member authorize the TRICARE Health Plan to release to f necessary, photocopies of any medical records s.
I understand that the represent representative shall constitute	-	ne beneficiary to the appeal and notice given to the
This consent will expire upon th withdraw this authorization at a		regarding my appeal; however, I reserve the right to
Denied authorization numbers of	or claim numbers:	
Beneficiary Last Name	Beneficiary First Name	Sponsor SSN or DBN
Beneficiary Signature		Date (MM/DD/YYYY)
Prohibition on Redisclosure		

Further disclosure of information by the appointed representative may only be made in accordance with the provisions of the Privacy Act of 1974, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and other applicable Federal law.

Privacy Act Statement

This information is protected under the Privacy Act of 1974 and shall be handled as "for official use only." Violations may be punishable by fines, imprisonment, or both.

Submit Form

Return this form along with your appeal request by fax 866-852-1919, mail or email:

TriWest Healthcare Alliance P.O. Box 2636 Virginia Beach, VA 23450

T5AppealsReconsideration@TriWest.com

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