

Instruction on how to appoint a representative

A party may appoint any individual, including an attorney, to act as his/her representative in dealings with the contractor. Although some parties may pursue a claim or an appeal on their own, others will rely upon the assistance and expertise of others. A representative may be appointed at any point in the appeals process. A representative may help the party during the processing of a claim or claims, and/or any subsequent appeal. The appointment of a representative is valid for one year from the date signed by both the party and the appointed representative.

A representative must sign the appointment within 30 calendar days of the party's signature. The appointment remains valid for any subsequent levels of appeal on the item/service in question unless the beneficiary specifically withdraws the representative's authority. New appeals may be initiated by the representative within the 1-year timeframe. To initiate a new appeal within the 1-year timeframe, the representative must file a copy of the CMS-1696, or other conforming written instrument, with the appeal request. In order for the appointment to be valid, it must be signed and dated by the beneficiary.

Who May Be a Representative

Any individual may be appointed to act as a representative unless he/she is disqualified, suspended, or otherwise prohibited by law from acting as a representative in proceedings before DHHS, or in entitlement appeals, before SSA.

The following is a list of the types of individuals who could be appointed to act as representative for a party to an appeal. This list is not exhaustive, and is meant for illustrative purposes only:

- Family members of a beneficiary
- Friends or neighbors of a beneficiary
- Member of a beneficiary advocacy group
- Member of a provider or supplier advocacy group
- Attorneys
- Physicians or suppliers

Completing a valid Appointment of Representative (CMS-1696)

The CMS-1696 is available for the convenience of the beneficiary or any other party to use when appointing a representative. Following are instructions for completing the form.

1. The name of the party making the appointment must be clearly legible. For beneficiaries, the Medicare number must be provided.
2. **Completing Section I** – “Appointment of Representative”-A specific individual must be named to act as representative in the first line of this section; a party may not appoint an organization or group to act as representative. The signature, address, and phone number of the party making the appointment must be completed, and the date it was signed must be entered. Only the beneficiary or the beneficiary's legal guardian may sign when a beneficiary is making the appointment. If the party making the appointment is the

provider or supplier, someone working for, or acting as an agent of, the provider or supplier must sign and complete this section.

3. **Completing Section II** – “Acceptance of Appointment”- The name of the individual appointed as representative must always be completed, and his/her relationship to the party entered. The individual being appointed then signs and completes the rest of this section.
4. **Completing Section III** – “Waiver of Fee for Representation”- This section must be completed when the beneficiary is appointing a provider or supplier as representative and the provider or supplier actually furnished the items or services that are the subject of the appeal.
5. **Completing Section IV** – “Waiver of Payment for Items or Services at Issue” – This section must be completed when the beneficiary is appointing a provider or supplier who actually furnished the items or services that are the subject of the appeal and involve issues describe in section 1879(a)(2) of the Act.