2400 Veterans Memorial Blvd., Suite 200
Kenner, LA 70062
1-855-242-0802

Aetna Better Health® of Louisiana
Personal Appeal Representative Form

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

Aetna Better Health of Louisiana
ATTENTION: Appeals Department
PO Box 81139, 5801 Postal Road
Cleveland, OH 44181
Phone **1-855-242-0802**, Fax **1-860-607-7657**

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** _____
2. **Address of Appeal Representative**

Street/PO Box/Apartment # _____

City_____State_____Zip Code_____

Phone (Nighttime) (___)_____Phone (Daytime) (__)_____

3. **Brief description of Appeal for which Appeal Representative will be acting on in your behalf:** _____

_____

_____

_____

4. **Member Signature**

_____

[SIGNATURE OF MEMBER, PARENT OR GUARDIAN*] DATE

5. **Appeal Representative Signature**

_____

[SIGNATURE OF APPEAL REPRESENTATIVE*] DATE

***Relationship to Member** ☐ Parent ☐ Guardian ☐ Other- *please specify* _____