

	<p><b>State Corporation Commission</b> <b>Bureau of Insurance – External Review</b> <b>P.O. Box 1157</b> <b>Richmond, VA 23218</b> <b>Phone: 1-877-310-6560 Fax: (804) 371-9915</b> <b>Email: externalreview@scc.virginia.gov</b></p>
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**APPOINTMENT OF AUTHORIZED REPRESENTATIVE**

- Complete this section only if someone other than the covered person is appealing.
- The covered person may represent himself, or may ask another person, including the treating health care provider, to act as the authorized representative.
- This authorization may be revoked at any time.

I hereby authorize \_\_\_\_\_ to pursue an external review on my behalf.

\_\_\_\_\_  
Signature of Covered Person (or legal representative\*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
\* Parent, Guardian, Conservator, or Other- please specify

Address of Authorized Representative:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_