

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