



**Reconsideration and appeal representative form**

You may have someone else act for you in a reconsideration or appeal. We can't speak with anyone on your behalf in a reconsideration or appeal until we receive this form. The person you list below will be accepted as your representative.

Return this form to us by fax, email or mail.

To request a representative for your **reconsideration**:

By fax: 1-844-429-9629

By email: [LA1P2P@anthem.com](mailto:LA1P2P@anthem.com)

By mail: Healthy Blue, 3850 N. Causeway Blvd., Ste. 600, Metairie, LA 70002

To request a representative for your **appeal**:

1-888-873-7038

[LA1appeals@healthyblue.com](mailto:LA1appeals@healthyblue.com)

Healthy Blue, 3850 N. Causeway Blvd., Ste. 600, Metairie, LA 70002

I, \_\_\_\_\_, want the following person to act on my behalf in my reconsideration or appeal. I understand personal health information related to my care may be given to my representative.

Representative's name: \_\_\_\_\_

Representative's phone: \_\_\_\_\_

Representative's address: \_\_\_\_\_

Representative's relationship to member: \_\_\_\_\_

If your representative is a health care provider, list your provider's specialty:

\_\_\_\_\_  
Reference # and brief description of the reconsideration or appeal: \_\_\_\_\_

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

Representative's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions or need help completing this form, call Member Services at 1-844-521-6941 (TTY 711) Monday through Friday 7 a.m. to 7 p.m.