Aetna Better Health® of Illinois
333 W. Wacker Drive
Suite 2100
Chicago, IL 60606
Tel: **1-866-212-2851**
TTY: **1-800-526-0857**
www.aetnabetterhealth.com

AETNA BETTER HEALTH OF ILLINOIS AUTHORIZED REPRESENTATIVE DESIGNATION

To have someone else act on your behalf in an appeal, complete and return this form. The person listed will be accepted as your authorized representative. We are unable to speak with anyone on your behalf unless this form is completed, signed, and returned to us.

Aetna Better Health
Appeals and Grievance Manager
333 W. Wacker Drive
Suite 2100
Chicago, IL 60606

1. I hereby authorize the following person to act on my behalf in the filing and processing of my appeal with Aetna Better Health of Illinois:

_____
Name of Authorized Representative

2. Brief description of the service and date(s) (if applicable) for which the Authorized Representative will be acting on your behalf:

_____

_____

3. Address of Authorized Representative

_____
Street Address or PO Box Apt #

_____
City State Zip Code

(___)_____(___)_____

Phone Number: Daytime Phone Number: Evening

4. Member Signature

_____
Printed Name of Member (or legal representative)***** Date

_____
Signature of Member (or legal representative)***** Date

***** Relationship if other than the Member:

☐Parent ☐Guardian ☐ Conservator ☐Other – Please Specify

Please note you may revoke this authorization at any time.