



MEMBER APPEAL REPRESENTATIVE FORM

Member Name: _____

Member Address: _____

City, State, ZIP: _____

I choose the following person to act on my behalf and represent me in my appeal process with Healthy Blue: _____

(Name of Representative)

Member Signature: _____

Date: _____

Please mail or fax to:

Medical - Healthy Blue Appeals Department

Healthy Blue

P.O. Box 100215

Columbia, SC 29202-3215

Fax number: 803-870-6505

www.HealthyBlueSC.com

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CarelonRx is an independent company that administers pharmacy benefits for Healthy Blue members on behalf of BlueChoice HealthPlan.
CVS Caremark®, is a separate company providing utilization review services on behalf of BlueChoice HealthPlan.