



130 DeSiard Street, Suite 300
Monroe, LA 71201
(318) 361-0900
(318) 361-2159 Fax
www.VantageHealthPlan.com

Designated Personal Representative Form Agent of Record

MEMBER NAME: _____ **MEMBER ID NUMBER:** _____

PLEASE PRINT

A personal representative is a person or entity authorized by the member to act on his or her behalf. This form allows Vantage to share protected health information ("PHI") with your designated personal representative. This designation should not be considered a general Power of Attorney.

Authorization provided by this form must be revoked in writing and notice should be mailed to Vantage Health Plan, Inc., 130 DeSiard Street, Suite 300, Monroe, LA 71201.

Person(s) or Entity(ies) being designated as my personal representative:

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

Effective date of designation: _____ Termination date of designation: _____
(If no term date is specified, authorization will continue until terminated.)

Relationship to Member: Agent of Record

My representative's access to my records is:

Restricted access (In order to grant permission, one of the three boxes below must be marked.)

Restricted Access Permissions:

1. My representative can have restricted access to:
- Premium / Payment History
 - Basic Claims Data (Provider, Facility, Date of Service, Billed Charges, Claims Status, Payment Date)
 - File or respond on my behalf regarding an appeal

In order for the representative listed above to access your information, he/she must correctly state your password. Your password may be up to 30 characters long and may contain letters and/or numbers.

My Password is: _____

MEMBER SIGNATURE: _____

PRINT MEMBER NAME: _____

DATE: _____

OFFICE USE ONLY

Date Received: _____

Date Processed: _____

Processed By: _____