Form 216-B
(7/11)

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

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: _____