Mass General Brigham
Health Plan

Designation of Authorized Representative Form

You have the right to choose someone to represent you during your Appeal or Grievance with Mass General Brigham Health Plan. If you would like someone to represent you, you must complete this form and return it to us. Once you return this completed, signed, and dated form to us, we can verify your request, adjust our records, and speak to your representative on matters related only to your Appeal or Grievance. You may revoke this designation at any time by sending us a written request.

Please note that if we do not receive a signed Designation Authorized Representative Form by the deadline for resolving your Appeal or Grievance, we may dismiss your Appeal or Grievance and, if we do, we will notify you of such in writing.

Please read this form carefully and fill it out completely. Please print or type. If printing, please use a pen.

1. Required Information

Subject of Appeal:	
Member name:	Mass General Brigham Health Plan Member ID
Member address:	Date of birth:
Member Phone number:	
Name of member's Appeal (Grievance) representative:	Representative Phone number:
Address:	Fax:

Member/Guardian signature: Date:

In the event that the member is a minor or otherwise legally incompetent, please provide the name, address, and relationship to the member of the person who is signing the designation letter.

Name: Relationship:

Address:

Please submit this completed form via mail, fax, or email:

Mail: Mass General Brigham Health Plan
Appeal and Grievance Department 399 Revolution Drive, Suite 820
Somerville, MA 02145

Fax: 617-526-1980
Email: HealthPlanAppealsGrievance@mgb.org

If you have any questions about completing this form, please call Mass General Brigham Health Plan Customer Service at the number on the back of your card.