



**IOWA  
Patient Consent for Provider to File an Appeal**

**Provider Information**

Provider name: \_\_\_\_\_ NPI#: \_\_\_\_\_ Group name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Description of service(s) that may be appealed:	Date(s) service was provided:
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**Member Information and Consent**

I agree to allow the provider listed above to file an appeal on my behalf with AmeriHealth Caritas Iowa. The provider will file if there is a question about coverage for the services listed. I have read this consent or it has been read to me. I understand the information in the consent form. I give my consent to this provider to file an appeal for me.

Patient name (print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

You can have this information in other languages and formats at no charge to you. You can also have this interpreted over the phone in any language. Call Member Services 24 hours a day, 7 days a week at 1-855-332-2440. For TTY, call 1-844-214-2471.

Usted puede tener esta información en otros idiomas y formatos sin costo alguno para usted. También puede tener esto interpretado por teléfono en cualquier idioma. Llame a Servicios al Miembro al 1-855-332-2440 las 24 horas del día, los 7 días de la semana. Para TTY, llame al 1-844-214-2471.

AmeriHealth Caritas Iowa  
P.O. Box 1516  
Des Moines, Iowa 50305

[www.amerhealthcaritasia.com](http://www.amerhealthcaritasia.com)



**Consent from a Designated Representative**

The patient listed above is unable to sign this consent form because of the reason(s) listed below and I consent for the patient:

Representative name (print): \_\_\_\_\_

Relationship to patient\* \_\_\_\_\_

Representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Must be a Parent, Guardian or Authorized Representative in order to sign this consent form.**

**Return To:**

**AmeriHealth Caritas Iowa  
Attention: Request for Criteria  
Member Appeals Department  
601 Locust St., Suite 900  
Des Moines, IA 50309**

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