

Authorized Representative Designation



To have someone else act on your behalf in an appeal, complete and return this form. The person listed will be accepted as your authorized representative. We are unable to speak with anyone on your behalf unless this form is completed, signed, and returned to us.

YouthCare
Attention: Grievance & Appeals Coordinator
PO Box 733
Elk Grove Village, IL 60009-0733
Fax: 1-833-920-1747
Email: ILYouthCareG&A@centene.com

1 I hereby authorize the following person to act on my behalf in the filing and processing of my appeal with YouthCare:

(Name of Authorized Representative)

2 Brief description of the service and date(s) (if applicable) for which the Authorized Representative will be acting on your behalf:

3 Address of Authorized Representative

(Street Address or PO Box, Apt #)

(City, State, Zip)

(Phone #: Daytime)

(Phone #: Evening)

4 Member Printed Name

Member Recipient ID Number (RIN)

Signature of Member (or legal representative)*

*Relationship if other than the Member:

Parent Guardian Conservator

Conservator Other (Please Specify)

***Please note you may revoke this authorization at any time.*

844-289-2264 (TTY: 711)

ILYouthCare.com