



Member appeal representative form

Member name: _____

Member ID number: _____

Date of birth: _____

Member address: _____

City, State ZIP code: _____

I choose the below person to act on my behalf and represent me in my appeal process with Wellpoint West Virginia, Inc.

(Name of representative)

Member signature: _____

Date: _____

Please send this completed and signed form to:

**Attn: Grievance and Appeals department
Wellpoint West Virginia, Inc.
200 Association Drive, Ste. 200
Charleston, WV 25311**

Your appeal is important to us. To help us receive your request a little faster, you also may fax it to the Appeals department at **877-833-5729**. If you decide to fax it, please know that you also must mail the form to the Appeals department at the address listed above. If you have questions, we are here for you. You can call our Customer Care Center at **800-782-0095 (TTY 711)** Monday through Friday, 8 a.m. to 6 p.m. Eastern time.