

**CONSENT FOR PROVIDER TO FILE A FAIR HEARING ON
BEHALF OF THE MEMBER**

Provider Name	Provider Plan ID Number
Provider Address	Description of Specific Service or Item for which I agree the Provider Can File a Fair Hearing
Provider Telephone Number	Will Provider be participating with the Member?

Name of Member	Member's Date of Birth
Member ID No.	
Member Mailing Address	
Member Daytime Telephone Number	Member Evening Telephone Number

I, **[Name of Member]**, agree that **[Name of Provider]** can request a Fair Hearing for me with **Jefferson Health Plans EverWell** or Department of Human Services about the service or item described above. **Note: This is only a consent for the Provider to request a Fair Hearing on behalf of the member. The member MUST attend the**

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Health Partners Plans is now called Jefferson Health Plans EverWell. For help with this information, please call Member Relations.

Health Partners Plans ahora se llama Jefferson Health Plans EverWell. Si necesita ayuda con esta información, llámeno Member Relations.

Fair Hearing either in person or by telephone as per the Health Choices Member Handbook.

By signing this consent form, I understand the following:

1. I or my representative may not file a request for a Fair Hearing about the service or item listed in this consent form unless I or my representative takes back my consent for the provider to request a Fair Hearing in writing. I have the right to take back my consent at any time during the Fair Hearing process by telling **Jefferson Health Plans EverWell** and **[Name of Provider]** in writing that I do not want **[Name of Provider]** to continue the Fair Hearing process for me.
2. My consent to have the Provider file the request for a Fair Hearing for me will automatically no longer be in effect if the Provider does not file a request for a Fair Hearing or does not continue with the request for a Fair Hearing through the end of the request for a Fair Hearing process.
3. I or my representative has read, or has been read, this consent form, and have explained it to me until I understand it. I or my representative understands the information in this consent form.

Signature of Member or Representative

Date

Witness Signature

Date

Print Witness Name

If the Member is unable to sign this Consent Form because the Member is legally incompetent:

Name of Person Signing on Behalf of Member

Address of Person Signing on Behalf of Member

Relationship of Person Signing to Member

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