



Attachment A: QC-512

HEALTH PLAN SELECT PERSONAL REPRESENTATIVE FORM

Member Name: _____ Date: _____

TO BE COMPLETED BY THE PERSONAL REPRESENTATIVE:

I, _____ (Please print your name), certify that I am a Personal Representative of the above named member because:

Check all boxes that apply:

- The member is under 18 years old, and I am the patient's parent or I am a person standing in *loco parentis* (in the place of the parent). *Plan should confirm that the representation does not relate to a health care service that the minor can obtain under Georgia law without consent of a parent or other. ***
- I am the agent listed in a durable Power of Attorney for Health Care signed by the member. (Please provide the Plan with a copy of the Durable Power of Attorney for Health Care.)
- I am the Member's
 - Spouse
 - Guardian
 - Adult child
 - Parent (check here if you are the parent of the adult patient)
 - Adult brother or sister
 - Grandparent
- The patient is deceased, and I am the estate's executor or administrator. (Please provide the Plan with documents confirming this information)
- I am the member's health insurance broker/agent/ Plan Administrator and my representation of the member only relates to the member's health insurance benefits and claims management, and **in no way involves care or treatment**. This is verified below as agreed upon by the signature of the member and a witness who verifies the identity of the member by at minimum a picture identification card (driver's license or other picture ID).
- Other: _____
(Such as patient's next of kin not listed above, a public health officer, etc.)

I certify the above information is true and correct.

Signature of Personal Representative Date

Signature of Member Date

Witness (verifies member by picture Identification)

**Note: The Plan can decide not to treat a person as the member's Personal Representative if 1) the minor can consent to the health care service without parental or other consent; 2) an agreement of confidentiality between the Plan and the minor is assented to by a parent, guardian or other person acting in loco parentis; or 3) based on a reasonable belief of abuse, neglect or endangerment.