MedStar Family Choice

DISTRICT OF COLUMBIA

4000 Connecticut Avenue N.W.
Pod 3N
Washington, DC 20008
P: 855-798-4244
MedStarFamilyChoice.com

MedStar Family Choice-DC Provider
Permission/Representative Form for Enrollee Appeals

Enrollee Name: _____ DOB: _____

MFC ID Number: _____ Phone: _____

Services Under Appeal: _____

Name of Provider Appealing on Behalf of the Enrollee: _____

The services listed above have been denied by MedStar Family Choice-DC. I allow my provider to appeal these services on my behalf. This will include following the MedStar Family Choice-DC enrollee appeal process outlined in my Enrollee Handbook. I understand that I may also file an appeal on my own or have my representative file on my behalf.

_____
Enrollee Name Printed

_____ _____
Enrollee Signature Date

It's how we treat people.