Form CMS-1696 Approved
OMB No. 0938-0950

APPOINTMENT OF REPRESENTATIVE

Name of Party	Medicare Number (beneficiary as party) or National Provider Identifier (provider or supplier as party)

Section 1: Appointment of Representative

To be completed by the party seeking representation (i.e., the Medicare beneficiary, the provider or the supplier):

I appoint the individual named in Section 2 to act as my representative in connection with my claim or asserted right under Title XVIII of the Social Security Act (the "Act") and related provisions of Title XI of the Act. I authorize this individual to make any request; to present or to elicit evidence; to obtain appeals information; and to receive any notice in connection with my claim, appeal, grievance or request wholly in my stead. I understand that personal medical information related to my request may be disclosed to the representative indicated below.

Signature of Party Seeking Representation		Date
Street Address		Phone Number (with Area Code)
City	State	Zip Code
Email Address (optional)	Fax Number (optional)	

Section 2: Acceptance of Appointment

To be completed by the representative:

I, , hereby accept the above appointment. I certify that I have not been disqualified, suspended, or prohibited from practice before the Department of Health and Human Services (HHS); that I am not, as a current or former employee of the United States, disqualified from acting as the party's representative; and that I recognize that any fee may be subject to review and approval by the Secretary.

I am a / an _____
(Professional status or relationship to the party, e.g. attorney, relative, etc.)

Signature of Representative		Date
Street Address		Phone Number (with Area Code)
City	State	Zip Code
Email Address (optional)	Fax Number (optional)	

Section 3: Waiver of Fee for Representation

Instructions: This section must be completed if the representative is required to, or chooses to, waive their fee for representation. (Note that providers or suppliers that are representing a beneficiary and furnished the items or services may not charge a fee for representation and **must** complete this section.)

I waive my right to charge and collect a fee for representing _____ before the Secretary of HHS.

Signature	Date

Section 4: Waiver of Payment for Items or Services at Issue

Instructions: Providers or suppliers serving as a representative for a beneficiary to whom they provided items or services must complete this section if the appeal involves a question of liability under section 1879(a)(2) of the Act. (Section 1879(a)(2) generally addresses whether a provider/supplier or beneficiary did not know, or could not reasonably be expected to know, that the items or services at issue would not be covered by Medicare.)

I waive my right to collect payment from the beneficiary for the items or services at issue in this appeal if a determination of liability under §1879(a)(2) of the Act is at issue.

Signature	Date

INSTRUCTIONS AND REGULATION REQUIREMENTS

Instructions

Name of Party (required): This is the name of the person or entity which has standing to file a claim or appeal (the name of the person who has Medicare, or the name of the provider or supplier).

Medicare Number or National Provider Identifier (required): This must be completed when the person or entity appointing a representative has a Medicare number or National Provider Identifier. If not applicable, fill in, "not applicable".

All fields in Sections 1 and 2 are required unless noted as optional within the field. See the regulation at 42 CFR 405.910.

Charging of Fees for Representing Beneficiaries before the Secretary of HHS

An attorney, or other representative for a beneficiary, who wishes to charge a fee for services rendered in connection with an appeal before the Secretary of HHS (i.e., an Administrative Law Judge (ALJ) hearing or attorney adjudicator review by the Office of Medicare Hearings and Appeals (OMHA), Medicare Appeals Council review, or a proceeding before OMHA or the Medicare Appeals Council as a result of a remand from federal district court) is required to obtain approval of the fee in accordance with 42 CFR 405.910(f).

The form, OMHA-118, "Petition to Obtain Approval of a Fee for Representing a Beneficiary" elicits the information required for a fee petition. It should be completed by the representative and filed with the request for ALJ hearing, OMHA review, or request for Medicare Appeals Council review. Approval of a representative's fee is not required if: (1) the appellant being represented is a provider or supplier; (2) the fee is for services rendered in an official capacity such as that of legal guardian, committee, or similar court appointed representative and the court has approved the fee in question; (3) the fee is for representation of a beneficiary in a proceeding in federal district court; or (4) the fee is for representation of a beneficiary in a redetermination or reconsideration. If the representative wishes to waive a fee, he or she may do so. The form, OMHA-118, may be found at: https://www.hhs.gov/sites/default/files/OMHA-118.pdf

Approval of Fee

The requirement for the approval of fees ensures that a representative will receive fair value for the services performed before HHS on behalf of a beneficiary, and provides the beneficiary with a measure of security that the fees are determined to be reasonable. In approving a requested fee, OMHA or Medicare Appeals Council will consider the nature and type of services rendered, the complexity of the case, the level of skill and competence required in rendition of the services, the amount of time spent on the case, the results achieved, the level of administrative review to which the representative carried the appeal and the amount of the fee requested by the representative.

Conflict of Interest

Sections 203, 205 and 207 of Title XVIII of the United States Code make it a criminal offense for certain officers, employees and former officers and employees of the United States to render certain services in matters affecting the Government or to aid or assist in the prosecution of claims against the United States. Individuals with a conflict of interest are excluded from being representatives of beneficiaries before HHS.

Where to Send This Form

Send this form to the same location where you are sending (or have already sent) your: appeal if you are filing an appeal, grievance or complaint if you are filing a grievance or complaint, or an initial determination or decision if you are requesting an initial determination or decision. If additional help is needed, contact 1-800-MEDICARE (1-800-633-4227, TTY users call 1-877-486-2048), or your Medicare plan.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free.

Arabic:

ملاحظة: إذا كنت تتحدث اللغة العربية ، فستكون خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل على الرقم 1-855-393-3154 (رقم الهاتف النصي: 711)، طوال أيام الأسبوع، من 8 صباحًا حتى 8 مساءً.
تُقدم خدمة المكالمة مجانًا.

German:

VORSICHT: Falls Sie Deutsch sprechen, stehen Ihnen kostenlose sprachliche Hilfsdienste zur Verfügung. Rufen Sie 1-855-393-3154 (TTY 711) an, sieben Tage die Woche, von 8 bis 20:00 Uhr. Der Anruf ist kostenlos.

Spanish:

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al teléfono 1-855-393-3154 (TTY: 711), los siete días de la semana, de 8:00 a.m. a 8:00 p.m.; la llamada es gratuita.

French

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le 1-855-393-3154 (TTY : 711), sept jours sur sept, de 8 heures à 20 heures. L'appel est gratuit.

Hindi:

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। सप्ताह के सात दिन 1-855-393-3154 पर (TTY: 711), सुबह 8 बजे से शाम 8 बजे तक कॉल करें। यह कॉल निःशुल्क है।

Haitian Creole:

ATANSYON: si w pale Kreyòl Ayisyen, sèvis asistans langwistik la disponib pou ou gratis. Call 1-855-393-3154 (TTY: 711), sèt jou pa semèn, soti 8è a.m. jiska 8è p.m. Apèl la gratis.

Italian:

ATTENZIONE: Se parlate italiano, saranno a vostra disposizione i servizi di assistenza linguistica gratuiti. Chiamate 1-855-393-3154 (TTY: 711), sette giorni a settimana, dalle 8:00 alle 20:00. La chiamata è gratuita.

Japanese:

ご案内：日本語を話す方向けに、言語支援サービスを無料でご利用いただくことができます。こちらへお電話ください。1-855-393-3154（TTY：711）、年中無休、午前 8 時～午後 8 時通話料は無料です。

Khmer:

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយខាងភាសាដោយឥតគិតថ្លៃមានសម្រាប់អ្នក។ សូមទូរសព្ទទៅលេខ 1-855-393-3154 (TTY: 711) បានប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ពីម៉ោង 8 ព្រឹកដល់ម៉ោង 8 យប់។
ការទូរសព្ទមកលេខនេះមិនគិតថ្លៃនោះទេ។

Korean:

주의: 한국어 면책조항를 구사하신다면 무료 언어 지원 서비스를 제공해 드립니다.

1-855-393-3154(TTY: 711)로 전화를 거세요. 매일 8 a.m.에서 8 p.m.까지 운영됩니다.통화는 무료입니다.

Lao:

ສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາ ພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອແປພາສາໃຫ້ທ່ານຟຣີສຳລັບທ່ານ. ໂທຫາ 1-855-393-3154 (TTY: 711), ເຈັດມື້ຕໍ່ອາທິດ, ຕັ້ງແຕ່ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ ການໂທແມ່ນຟຣີ.

Polish:

UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-393-3154 (TTY: 711), siedem dni w tygodniu, od 8:00 do 20:00. Połączenie jest bezpłatne.

Portuguese

ATENÇÃO: Se fala Português, estão disponíveis serviços de assistência linguística gratuitos. Ligue para o 1-855-393-3154 (TTY: 711), sete dias por semana, das 8h às 20h. A ligação é gratuita.

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, вам доступна бесплатная языковая поддержка. Обращайтесь по номеру 1-855-393-3154 (TTY: 711) с 8 a.m. до 8 p.m. без выходных. Этот звонок бесплатный.

Tagalog:

ATENSYON: Kung nagsasalita ka ng Tagalog, ang mga serbisyo ng tulong sa wika ay magagamit ninyo nang libre. Tumawag sa 1-855-393-3154 (TTY: 711), pitong araw sa isang linggo, mula 8 a.m.
hanggang 8 p.m. Ang tawag ay libre.

Vietnamese:

CHÚ Ý: Nếu quý vị nói tiếng Việt, quý vị có thể sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí. Gọi số 1-855-393-3154 (TTY: 711), bảy ngày một tuần, từ 8 a.m. tới 8 p.m. Cuộc gọi này là miễn phí.

Simplified Chinese

请注意：如果说中文，则可免费使用语言协助服务。请致电 1-855-393-3154 (TTY:711)，每周七天，上午 8 点至晚上 8 点。呼叫免费。

Traditional Chinese:

注意：若您说中文，您可免費取得語言援助服務。 請致電 1-855-393-3154 (TTY: 711)，每週 7 天，上午 8 點到晚上 8 點。此為免付費電話。