

Check all that apply:

- I do **NOT** want my services to stay the same while my Plan Appeal is being decided.
- I request a Fast Track Appeal because a delay could harm my health.
- I enclosed additional documents for review during the appeal.
- I would like to give information in person.
- I want someone to ask for a Plan Appeal for me:
 - Have you authorized this person with Molina before?
YES NO
 - Do you want this person to act for you for all steps of the appeal or fair hearing about this decision? You can let us know if change your mind.
YES NO

Requester (person asking for me):

Name: _____ E- mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: () _____ Fax #: () _____

Enrollee signature: _____ Date: _____

Requester signature: _____ Date: _____

If this form cannot be signed, the plan will follow up with the enrollee to confirm intent to appeal.