



PGBA, LLC

Appointment of Representative and Authorization to Disclose Information
(for telephone and correspondence about TRICARE claims ONLY)

I appoint: \_\_\_\_\_ to act as my representative.
(Print or type name and address of representative)

I authorize the TRICARE Management Activity (TMA) Office and PGBA to disclose to this representative the following:

- Information related to my medical treatment and/or payment of TRICARE claims.
Or
Information related to my medical treatment and/or payment of TRICARE claims specifically for the care I received from \_\_\_\_\_ on the date(s) of \_\_\_\_\_.

This information may include photocopies of medical records needed to adjudicate my claims for TRICARE benefits.

If the purpose of this authorization is for a reason other than determining TRICARE claims payment, please describe \_\_\_\_\_.

I understand that the protected health information I have authorized to disclose may be disclosed to and/or received by persons or organizations that are not health plans, health care providers or health care clearinghouses governed by federal privacy laws such as HIPAA. I also understand that such recipients may potentially re-disclose the protected health information, and that this re-disclosure is not protected by federal health information privacy laws.

I understand that I may revoke this appointment any time by sending a request in writing to PGBA except for actions already taken in my behalf based on this authorization.

This consent will expire \_\_\_\_\_ days from the date shown below or on \_\_\_\_\_ (date) unless otherwise noted.

Sponsor's Social Security Number \_\_\_\_\_

(Date)

(Signature of person giving consent)

(Print name of person giving consent)

Current mailing address: \_\_\_\_\_

If a patient's representative signs the authorization, please attach a description of the representative's authority.

IMPORTANT

This form grants permission for information disclosed by telephone or correspondence about claims only. It does NOT permit the person to see your claims on our Web site, www.myTRICARE.com or to call the help desk to unlock your account if your password has expired. To grant permission for someone to see your claims information on the Web site, you must do so within your account on www.myTRICARE.com. If your account has been locked, the help desk must speak to you personally and verify your identity before unlocking your account.

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