## Consent for Authorized Representative Form

| If you want someone else to file an a must give your written consent for the | appeal for you, or for Molina to discuss your appeal with someone else, you he appeal. |
|--|--|
| I,   | (Member's Name), give my permission  |
| for  | (Authorized Representative's Name) to  |
| act on my behalf and file this appeal  | to review the denial of denied service.  |
| Member's Signature   | Date   |