



Date

Member's Name

Address

City, State, Zip

Peach State Health Plan has received a request for Administrative Review which requires written:

- Member's consent
- Member's confirmation

Please fill out the area below that corresponds to your request. This will be accepted your consent/confirmation for the processing of the administrative review.

To Peach State Health Plan Appeals and Grievance Department:

I \_\_\_\_\_ give consent for  
(MEMBER'S NAME)

\_\_\_\_\_ to act on behalf in the filing and  
(PROVIDER'S NAME)

processing of an administrative review.

*Or*

Accept this as written confirmation of my submission for an administrative review on \_\_\_\_\_ for \_\_\_\_\_.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(Print Name)