



Appointment of Individual to Act as Appeal Representative

I appoint _____ to act as my representative in connection with my appeal under Code of Federal Regulations, Chapter 32, Section 199.13, Appeal and Hearing Procedures. I further authorize the Defense Health Agency (DHA) and United Concordia Companies Inc., to release to said representative, information related to my dental treatment, and if necessary, photocopies of any dental records which may be required for adjudication of my claim for TRICARE Dental Program (TDP) benefits. Please return the completed form to: United Concordia Companies, Inc TDP Customer Service P.O. Box 69450 Harrisburg, PA 17106-9410

_____ Beneficiary Name

_____ Beneficiary Signature

_____ Sponsor's Social Security Number

_____ Date

PRIVACY ACT STATEMENT

This statement serves to inform you of the purpose for collecting personal information required by the TRICARE Dental Program (TDP) and how it will be used.

AUTHORITY:	10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.13, TRICARE Dental Program; and E.O. 9397 (SSN), as amended.
PURPOSE:	To collect information from you to manage your enrollment in the TDP, administer your benefits, and pay for the services you receive.
ROUTINE USES:	Your records may be disclosed to providers of care and other business entities on matters relating to eligibility, claims pricing and payment, fraud, quality assurance, program integrity, and the coordination of benefits. Your records may also be disclosed outside of the Department of Defense (DoD) in accordance with the DoD Blanket Routine Uses published at http://dpcl.d.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/ and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)). Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the Health Insurance Portability and Accountability Act Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.
DISCLOSURE:	Voluntary. If you choose not to provide this information, no penalty may be imposed, but absence of the requested information may delay or prevent your receipt of TDP services.