

3. Provide a copy of the legal document that appoints you as Legal Representative. A Social Security proxy document is not admissible for purposes of this form (please request assistance from a Customer Service Representative).

Signature of the Legal Representative:

Date:

For Exclusive Use of FMHP Only Compliance Department-Privacy Unit

☐ Application Accepted

☐ Application Denied Reason: _____

☐ Beneficiary/Subscriber Notified Date: _____

If you need additional information, please contact First Medical Health Plan, Inc.'s Privacy Unit at 787-474-3999 extension 2108/2583. We are available Monday through Friday from 8:00 a.m. to 5:00 p.m.

The Customer Service Department offers free language interpreter services and sign language. This includes services in alternate formats such as Braille, large print, and translation to other languages, verbally or written, amongst others. If you need plan information in another format or language, please contact our Customer Service Department at the number on the back of your plan card.

El Departamento de Servicio al Cliente ofrece servicios de intérprete de idiomas y lenguaje de señas libre de costo. Esto incluye, servicio de formatos alternos tales como: Braille, letra agrandada y traducción a otros idiomas, verbal o escrito, entre otros. Si usted necesita información del plan en otro formato o lenguaje, por favor, comuníquese con nuestro Departamento de Servicio al Cliente al número que aparece al dorso de su tarjeta del plan.

First Medical cumple con las leyes federales aplicables de derechos civiles y no discrimina en base a raza, color, origen de nacionalidad, edad, discapacidad, o sexo. **First Medical** complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex.

First Medical 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。