How to Appoint a Representative

You may appoint a representative to help you file a grievance or appeal, request a coverage determination, or act on your behalf in other health care matters. A representative can be a relative, friend, attorney, physician or other party you choose to act on your behalf. You can choose a representative at any time, including during the appeals process.

Please note: in some cases, information related to your medical history, medications, treatments and other personal health information may be shared with your representative.

To appoint a representative, you have two options:

1. You can print out a copy of the Appointment of Representative form (external link).
2. You can write down the following information:
   - Your name, address, and phone number
   - Your member ID number
   - The name address and phone number of the person you are appointing as your representative
   - A statement that you are authorizing the representative to act on your behalf, and that you understand this may give them access to your personal health information, such as your medical history, medications you take, and medical treatments.
   - Your signature and the date you signed the statement
   - A statement from the party you would like to appoint as your representative that includes their agreement to serve as your representative, their signature, and the date they signed it.

Please send your form or list of information to:

UCare Claims/Scanning
P.O. Box 52
Minneapolis, MN 55440-0052

If you have any questions, please call Customer Services at the phone number listed on the back of your Member ID card.
Notice of Nondiscrimination

UCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. UCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at 612-676-3200 (voice) or toll free at 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the number on the back of your membership card or 612-676-3200 or toll free at 1-800-203-7225 (voice); 612-676-6810 or toll free at 1-800-688-2534 (TTY).

If you believe that UCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

Oral grievance

If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call 612-676-3200 or toll free at 1-800-203-7225 (voice); 612-676-6810 or toll free at 1-800-688-2534 (TTY). You can also use these numbers if you need assistance filing a grievance.

Written grievance

Mailing Address
UCare
Attn: Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-0052
Email: cag@ucare.org
Fax: 612-884-2021

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room S09F, HHHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).


XIYYEFFANNA: Afaan dubbattu Oroomiffa, tajaaajila gargaarasa afaanii, kanfaltii dhaanaa ala, ni argama. Bibilaa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

โปรดทราบ: ถ้าคุณพูดภาษาจีน คุณมีบริการช่วยเหลือฟรีให้คุณ โทร 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).


 waive: Nei te sa sihnaa saa jawj, meknoolpw siyaa saa jawj sa saartik lamaaw siyaa sah rooknaa karooyi 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ملحوظة: إذا كنت تتحدث أي لغة أخرى، فإن خدمات المساعدة اللغوية توفر لك بالمجاني، المسمى رقم 612-676-3200/1-800-203-7225.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 612-676-3200/1-800-203-7225 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).