St Luke's
HEALTH PLAN

Pharmacy Designation of Authorized Representative (DAR)

In order to recognize someone other than the claimant as an authorized representative, St. Luke's Health Plan's Pharmacy Appeals Department must receive a valid Designation of Authorized Representative form that has been completed by the Plan Participant. Please note, a provider cannot be a designated authorized representative, but can submit additional information to support the appeal.

Plan Participant's Name (print) **Member ID**

I hereby authorize the Plan to recognize the person named herein as my designated authorized representative for the purposes described below, and to disclose relevant Protected Health Information (PHI) to:

Name of person representing you **Telephone Number**

Street Address **City, State, Zip Code**

- ☐ All Pharmacy Claims
- ☐ Submit Pharmacy Appeals on my behalf
- ☐ Other (please be as specific as possible):

I understand that this Authorization does not ensure that the person I am authorizing to receive PHI about me will treat such information as confidential. I understand that I may revoke this Authorization at any time by submitting a Cancellation of Designated Authorized Representative Form to Appeals.

This Authorization is valid for one year following the date on which it is signed below unless a different expiration date or event is indicated here, or upon receipt by Appeals of a Cancellation of Authorization form, if earlier.

Plan Participant's Signature **Date**

Please note, a copy of this authorization form will be sent to your designated representative at the address listed above.

Send to:

St. Luke's Health Plan Pharmacy Benefits Appeals Department
800 East Park Blvd.
Plaza 4, Floor 3
Boise, ID 83712

Phone: 833-975-1281 | Fax: 833-850-0171

pharmbenefitmgmntsup@slhs.org

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Pharmacy Benefits
800 East Park Blvd.
Plaza 4, Floor 3
Boise, Idaho 83712

stlukeshealthplan.org