

Premier



PAIN MANAGEMENT, LLC

Designation of Authorized Representative

I _____, do hereby designate Premier Pain Management, LLC &/or Premier Physicians Group, PLLC, to the full extent permissible under the Employee Retirement Income Security Act of 1974 (“ERISA”) and as provided in 29 CFR 2560-503-1(b) 4, any applicable Arizona Insurance Statutes, to otherwise act on my behalf to pursue claims and exercise all rights connected with my employee health care benefit plan, with respect to any medical or other health care expense(s) incurred as a result of the services I receive from the above named doctor. These rights include the right to act on my behalf with respect to initial determinations of claims, to pursue appeals of benefit determinations under the plan, to obtain records, and to claim on my behalf such medical or other health care service benefits, insurance or health care benefit plan reimbursement and to pursue any other applicable remedies.

Patient Signature

Date

Patient Printed Name