



1331 Tyler Street NE, Suite 200
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Appointment of Representative

Member Name: _____

Policy ID: _____

I authorize Tactile Medical at 1331 Tyler Street NE, Suite 200, Minneapolis, MN 55413, to act as my representative in connection with any formal/informal grievance or appeal for the Pneumatic Compression Device [PCD] as prescribed for _____.

I authorize Tactile Medical to make or give any request or notice, to present or elicit evidence, obtain medical information, file appeal papers, and/or make telephone calls on my behalf.

I direct all parties to this appeal, including _____, to copy all correspondence and other writing pertaining to this appeal, and to provide any notice in connection with this case to Tactile Medical at the following address:

Tactile Medical
1331 Tyler Street NE; Suite 200
Minneapolis, MN 55413

Signature of Member

Address

Telephone Number

Date