## Appointment of Individual to Act as Appeal Representative

199.13, Appeal and Hearing Proce Agency (DHA) and United Concorrepresentative, information related	to act as my representative in Code of Federal Regulations, Chapter 32, Section edures. I further authorize the Defense Health dia Companies Inc., to release to said I to my dental treatment, and if necessary, which may be required for adjudication of my claim DDP) benefits.
Please return the completed form	to:
United Concordia Co ADDP Unit P.O. Box 69431 Harrisburg, PA 1710	
Service Member's Signature	
Service Member's Social Security Number	
Date	

## PRIVACY ACT STATEMENT

This statement serves to inform you of the purpose for collecting personal information required by the TRICARE Active Duty Dental Program (ADDP) and how it will be used.

**AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 C.F.R. 199.17,

TRICARE Program; 45 C.F.R. Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security

Rules; and E.O. 9397 (SSN), as amended.

**PURPOSE:** To provide for enrollment, processing of claims, and customer

service to individuals eligible for TRICARE Active Duty Dental

Program benefits.

**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C.

552a(b) of the Privacy Act of 1974, the DoD "Blanket Routine uses" under 5 U.S.C. 552a(b)(3) apply to this collection. Information from

this system may be shared with federal, state, local, or foreign government agencies, and with private business entities, including individual providers of care, on matters relating to eligibility, claims

pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.

**DISCLOSURE:** Voluntary. If you choose not to provide your information, no penalty

may be imposed, but absence of the requested information may result

in administrative delays.