

CROSSWALK DOCUMENT FOR CHANGES TO CMS-1696
(APPOINTMENT OF REPRESENTATIVE FORM)
SUBMITTED FOR COLLECTION FEBRUARY 2015

SUMMARY OF CHANGES TO CMS-1696: The form “Appointment of Representative” is primarily used by Medicare beneficiaries in conjunction with filing appeals on Medicare claim denials. We are clarifying some language in the fill boxes and adding information on how to request the form in an alternative format (e.g., Braille, large print, etc.) in conjunction with Section 504 of the Rehabilitation Act of 1973.

- Page 1, top of page: Changed the 2nd fill in area from “Medicare or National Provider Identifier Number” to “Medicare Number (beneficiary as party) or National Provider Identifier Number (provider as party)” for clarity.
- Page 1, “Section 2”: Second sentence: Capitalized first letter of the word “Department,” and; introduced the acronym “DHHS” here (acronym was formerly introduced on second page of form).
- Page 1, “Section 3”: Replaced “Department of Health and Human Services” with acronym “DHHS.”
- Page 2, top of page in TITLE “Charging of Fees for Representing Beneficiaries Before the Secretary of the Department of Health and Human Services”: Replaced capital “B” in “Before” with lower case “b” and replaced “Department of Health and Human Services” with acronym “DHHS.”
- Page 2, top of page, 1st section “Charging of Fees for Representing Beneficiaries Before the Secretary of the Department of Health and Human Services” : Replaced “Department of Health and Human Services” with acronym “DHHS.”
- Page 2, 2nd section, “Authorization of Fees”; Changed title to “Approval of Fees” to more accurately reflect subject.
- Page 2, 4th section, “Where to Send this Form”: Added TTY telephone number for those with hearing or speech disabilities.
- Page 2, under 4th section: Added new information (in accordance with Section 504 of Rehabilitation Act of 1973) on how to request form in alternate formats.