

## LEGAL REPRESENTATIVE FOR DECEASED PATIENT FORM

If you want to file an Independent Medical Review (IMR) or a complaint on behalf of a deceased patient, then you must complete each section of this form.

### STATEMENT OF LEGAL REPRESENTATIVE

By signing this statement, you affirm that you are the legal representative of the deceased patient, and all of the information provided on this form is true:

- There is no unresolved court proceeding regarding who administers the deceased patient's estate. If there was a court proceeding regarding who administers the deceased patient's estate, I have attached a copy of the court order showing that I am the legal representative for the deceased patient.
- If there was no court proceeding regarding who administers the deceased patient's estate, I am the executor/executrix of the estate, and I have attached documentation showing this.
- If there was no court proceeding regarding who administers the deceased patient's estate and the patient was a minor, I am the deceased patient's parent or guardian. If I am the guardian of the deceased patient, I have attached documentation showing this.
- No other person or entity is a legal representative for the deceased patient.

Representative's name (print) \_\_\_\_\_

Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_

### LEGAL REPRESENTATIVE'S INFORMATION

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Secondary Phone # \_\_\_\_\_

Relationship to Deceased Patient (check one):

Parent (to a minor)                       Guardian                       Executor/Executrix of Estate

Other \_\_\_\_\_

**The deceased patient's death certificate must be submitted with this form.**