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 ________________________________

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.