

Grievance/Appeals Request From

To submit a grievance or an appeal, please complete this form.

MEMBER INFORMATION

Member Name: _____ Member ID#: _____

Member Representative: _____

Date of Birth: _____

Phone Number: _____

SERVICE INFORMATION

Service or Claim Denied: _____

PROVIDER INFORMATION

Provider Name: _____ Phone #: _____

Facility Name: _____ Phone #: _____

Members PCP: _____

Explain your Grievance or Appeal:

Multiple horizontal lines for text entry.

Member's or Representative Signature

Date