

Online Member Grievance and Appeal Form Instructions*

1. Enter the full name of the person filling out the Online Member Grievance and Appeal Form.
2. Enter the Date of the Incident/Denial (either the date the incident happened, or the date of the Notice of Denial).
3. Enter your relationship to the member (self, mother, father, grandparent, guardian or other.) For Other, type the relationship in the text box provided.
4. Enter the member's first name.
5. Enter the middle initial, if applicable (not required).
6. Enter the member's last name.
7. Enter a phone number where you can be reached regarding your complaint in this format: (111) 111-1111.
8. Enter the member's street number and street name in the Current Home Address field. Enter an apartment number, if applicable.
9. Enter the member's city in the City field.
10. Enter the member's ZIP code in the Zip Code field.
11. Enter the member's ID number. This is on the member's ID card.
12. Enter the member's date of birth by selecting the correct month, day and year from the drop-down menu.
13. Do you have a denial letter signed by a doctor? Check YES or NO.
14. Write a description of the concern or issue. Please include names, dates, details and as much information about your complaint as possible.
15. Please write a description of how you have tried to resolve this problem before filing this complaint.
16. Once you have reviewed the form and are ready to file your complaint, please click SUBMIT.

*** Fields marked with an asterisk are required.**

If you have any questions, please call our Customer Service department at 1-888-587-8088 for assistance.