

MEMBER GRIEVANCE REPRESENTATIVE FORM

Member name:

Member address:

City, State, ZIP:

I choose the following person to act on my behalf and represent me in my grievance process with Healthy Blue:

(Name of representative)

Member signature:

Date:

Please mail or fax to:

Medical – Healthy Blue Grievance Department

P.O. Box 100317

Columbia, SC 29202-3317

Fax number: 803-870-6510

www.HealthyBlueSC.com

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.
CarelonRx is an independent company that administers pharmacy benefits for Healthy Blue members on behalf of BlueChoice HealthPlan.
CVS Caremark®, is a separate company providing utilization review services on behalf of BlueChoice HealthPlan.