

Member Grievance Form

Instructions: Please complete this form and attach any related documents.

Mail to: **Healthy Blue**
Appeal and Grievance Department
P.O. Box 62429
Virginia Beach, VA 23466-2429
Fax number 1-866-216-3482

You may also file by phone. Just call the phone number on your member ID card.

Date: _____

Member name: _____

Member ID no.: _____

Address: _____

Phone no.: _____

Information about the grievance

This information becomes part of the permanent record. Please write clearly. Use extra paper if needed.

Date of incident: _____

Describe what happened (use extra paper if needed):

X _____
Signature

Date

www.HealthyBlueSC.com

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.
BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan, LLC, an independent company, for services to support administration of Healthy Connections.

Notice of Non-Discrimination

BlueChoice HealthPlan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueChoice HealthPlan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Language Services

Do you need help with your health care, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 1-866-781-5094 (TTY 1-866-773-9634).

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos sin costo alguno para usted. Llámenos a la línea gratuita al 1-866-781-5094 (TTY 1-866-773-9634).

هل تحتاج إلى مساعدة في رعايتك الصحية أو في التحدث معنا أو قراءة ما نقوم بإرساله إليك؟ نحن نقدم المواد الخاصة بنا بلغات وتنسيقات أخرى بدون تكلفة عليك. اتصل بنا على الرقم المجاني 1-866-781-5094 (TTY 1-866-773-9634).