



Indicate what you want to file:

- Standard Grievance**-a complaint about quality, customer service or similar issue.
- Expedited Grievance**- a complaint when we've extended the time frame to make a determination, and you disagree with this action, or when we've determined that your appeal doesn't qualify as an expedited appeal and you disagree.
- Standard Appeal**- a request to the plan to reconsider how we cover or pay for your care.
- Expedited Appeal**- a request you make when you and/or your doctor believes that waiting for a decision under the standard time frame could be a risk to your health.

Indicate what results you want to see:

Member Signature	Date (MM/DD/YY)

In signing this document, I am indicating that the information on this form, including any attachments is true and correct to the best of my knowledge. If I sign this as an authorized representative, it means that I have the legal right under the law to sign and I am able to provide proof if it is requested.