Member Initiated Complaint (Grievance)

Member name: ______________________ Date: ______________

Member name: ______________________ AmeriHealth Caritas ID#: __________

Parent/Legal guardian: ______________________

Mailing address: ______________________

City: ______________ State: ________ Zip: ____________

Phone number: (   ) ______________

Primary: ______________________
(Listed on AmeriHealth Caritas ID card)

Other insurance: ______________________

Type of Complaint: *(Circle One)*

Billing   Provider   ID Card Administrative

Please fill out the following information where applicable.

Provider Name: ______________________

Provider ID: ______________ Provider phone #: ______________

Account #: ______________ Charges money: ______________

Date of service: ______________ Date of denial: ______________

Description of complaint:

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AmeriHealth Caritas
Louisiana

Member signature: ________________________________ Date: ________________________________

Or

Personal representative signature: ____

Relationship to: ____

Signature of AmeriHealth Caritas representative that handled verbal request for appeal:

____

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Date: ______________________________

AmeriHealth Caritas Louisiana
P.O. Box 7326
London, KY 4074-7344

You can have this information in other languages and formats at no charge to you. You can also have this interpreted over the phone in any language. Call Member Services at **1-888-756-0004**. For TTY, call **1-866-428-7588**.

Quý vị có thể có thông tin này bằng các ngôn ngữ và định dạng khác miễn phí. Quý vị cũng có thể có thông tin này thông dịch ra bất kỳ ngôn ngữ nào qua điện thoại. Xin gọi Dịch vụ Thành viên số **1-888-756-0004**.

Puede obtener esta información en otros idiomas y formatos sin costo. También se le puede interpretar esto por teléfono en cualquier idioma. Llame a Servicios al Miembro al **1-888-756-0004**.

AmeriHealth® Caritas
Louisiana

www.amerihealthcaritasla.com