



## Grievance Form

If you have concerns with our services, our network providers, or things like rudeness of a provider or an Healthy Blue associate, you can fill out this form.

We will send you a letter to tell you we got the form. We will look into your case and let you know our decision. Within 30 days, you'll get a letter to let you know our results.

We're a call away. If you need help filling out this form, call Member Services toll free at 1-844-521-6941 (TTY 711) Monday through Friday from 7 a.m. to 7 p.m.

Member Name: \_\_\_\_\_

Healthy Blue ID #: \_\_\_\_\_

Explain the problem below. Please give dates and names. Use extra paper if needed.

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Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, you give Healthy Blue the right to get any medical records relating to your grievance. Please return this form to:

Complaint/Grievance Department  
Healthy Blue  
3850 N. Causeway Blvd., Ste. 600  
Metairie, LA 70002

Do you need help with your healthcare, talking with us, or reading what we send you? Call us toll free at 1-844-521-6941 (TTY 711) to get this for free in other languages or formats.

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

¿Necesita ayuda con su atención médica? ¿Necesita ayuda para leer lo que le enviamos o para hablar con nosotros? Llámenos al número gratuito 1-844-521-6941 (TTY 711) para conseguir esta información sin costo en otros idiomas o formatos.