



## Grievance Form

If you have concerns with our services, our network providers, or other things like rudeness of a provider or a Healthy Blue associate, you can fill out this form. You can also call us at **844-521-6941** to report your grievance over the phone. Be ready with the information listed below to help us process your grievance as quickly as possible.

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 90 days, you'll get a letter to let you know our results.

We are here to help. If you need assistance filling out this form, call Member Services toll free at **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. Complete and return this form using the following options:

- Fax: 888-873-7038
- Email: [la1griev@healthyblue.com](mailto:la1griev@healthyblue.com)
- Mail to:

Member Grievance Department  
Health Blue  
P.O. Box 62429  
Virginia Beach, VA 23466-2429

Be sure to include a phone number where we can reach you if we have any questions.

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

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

**[myhealthybluela.com](http://myhealthybluela.com)**

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.