MASSACHUSETTS

Appeal and grievance form

Appeal or grievance? What is the difference?

- Request an appeal if you feel we didn't cover or pay enough for a service or drug you received.
- Request a grievance if you have a complaint against Blue Cross or your health care provider.

Who is the appeal or grievance for?	
Subscriber ID# and health plan name	
First and last name	
Date of birth	
Who is requesting the appeal?	
First and last name (If different than above)	
Relationship to member	
Mailing address	
Phone number	Day: Evening:
Appeal or grievance information	
What is your appeal or grievance about? Please describe facts of your appeal on Page 2.	___My claim or coverage was denied. ___I disagree with what Blue Cross paid. ___Other (please specify)
Service category	___Medical ___Pharmacy ___Behavioral Health ___Dental
Type of service (for example, surgery, lab, office visit)	
Service date (Put "preservice" if you haven't had the service yet)	
Health care provider or facility name	

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Date you were told of coverage denial (can be found in your letter or claims summary)	

Please describe the facts relating to your appeal or grievance, including why you believe we should change our decision. **Please include copies of all documents that you would like us to consider such as letters from your providers, medical records, lab results, office notes or hospital notes that support your request**. **Please include any attempts to resolve the matter before you submitted your request.**

Tell us about your issue.

Your next step: send us your request

You can use our appeal form or write your own letter. Return it to us by mail, email or fax.

Mail	Email	Fax
Member Appeal and Grievance Program Blue Cross of Mass One Enterprise Drive Quincy, MA 02171-2126	**grievances@bcbsma.com**	**1-617-246-3616**

Our next step: We will send you a letter to let you know that we received your appeal request and when you may expect us to respond.

Signature: Date:

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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