



# Complaint Appeal Form

If you wish file a complaint appeal, please contact the Customer Service Center at (800) 460-8988. If you do not have access to a phone, you can complete this form or write a letter that includes the information requested below. The completed form or your letter should be mailed to:

Complaint Appeal Processing  
 US Script, Inc.  
 2425 W. Shaw Ave.  
 Fresno, CA 93711  


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 Or fax to (559) 244-3793

**Please note:** You must submit, in writing, comments, documents, records or other information relevant to the appeal. If you decide to appeal this adverse decision, it will have no effect on your rights to any other benefits under your plan. Your benefit plan design, including co-payments, prior authorization requirements, and formulary, are all determined by your prescription plan sponsor.

I. MEMBER INFORMATION		II. PRESCRIPTION PLAN INFORMATION
Member Name/Provider Name:		Insured Member's ID:
Address:		Group #:
Birth Date:	Phone:	Plan Sponsor:
III. SUBMITTER'S INFORMATION		
Date and Time of Submission:		
Submitter's Name/Title:		Submitter's Phone:
<p>Please check one: Standard Appeal <input type="checkbox"/> or Expedited Appeal <input type="checkbox"/></p> <p>A standard appeal is a request to change an adverse decision with no imminent or serious threat to member's health.</p> <p>An expedited appeal is available when the adverse determination may result in an imminent or serious threat to the member's health and:</p> <ol style="list-style-type: none"> <li>1. Involves continued or extended health care services, procedures, or treatments; OR</li> <li>2. Involves additional services for a course of continued treatment prescribed by a health care provider; OR</li> <li>3. Home care following inpatient admission; OR</li> <li>4. The health care provider believes an immediate appeal is warranted.</li> </ol> <p>Complaint: An oral or written expression of dissatisfaction.</p> <p>Appeal: A request to change an adverse decision made by the organization. A member or authorized representative of a member may appeal any adverse decision</p>		

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Describe reasons for the appeal: (Please state all details relating to the matter in question, including names, dates, places, etc. Please attach additional sheets of supporting documentation about your appeal, if necessary and applicable.):