



## Ambetter from Arizona Complete Health Member Grievance Request Form

**This form is *optional* to use.** You do not need to use this form to ask Ambetter from Arizona Complete Health to review a concern that you have about your plan. Ambetter from Arizona Complete Health accepts member grievances filed verbally, or in writing within 180 days from the date of event. If you would like assistance with filing a grievance, please contact Member Services at 1.888.926.5057 TTY/TDD 1.888.926.5180.

Please check the box that best describes the issue you are asking Ambetter from Arizona Complete Health to investigate:

- ☐ A quality of care (QOC) issue
- ☐ An access to care issue
- ☐ Complaint related to customer service (general, language services, and member materials)
- ☐ Complaint related to customer service- an Ambetter from Arizona Complete Health network provider
- ☐ Billing or Financial Issue (including but not limited to balance billing and accumulators)
- ☐ Not Sure or Other: [Click or tap here to enter text.](#)

Please select your grievance filing type:

- ☐ Initial Standard      ☐ Second Request Standard      ☐ Expedited\*

*\* If your grievance concerns a clinically urgent situation, such as forced to leave the hospital prematurely or if the standard resolution process presents a serious health risk to you, an Expedited Grievance is available. Ambetter from Arizona Complete Health responds to expedited grievances verbally or in writing no later than 3 days from the receipt date. You can file an expedited grievance verbally or in writing.*

To assist Ambetter from Arizona Complete Health with our investigation, please provide any applicable detailed information about your concern:

Member First Name:	
Member Last Name:	
Member ID:	
Representative Name	
Ambetter Plan:	
Phone Number:	
Date of Incident:	
Time of Incident:	
Description of Issue:	

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Would you like an Ambetter from Arizona Complete Health Representative to contact you for additional detail?

☐ Yes

☐ No

Thank you for giving Ambetter from Arizona Complete Health an opportunity to review your concern. Ambetter from Arizona Complete Health investigates all grievances and provides you with **the results of our review within 60 days of receiving your initial request**. If there is a need for additional time, Ambetter from Arizona Complete Health notifies you of why we are taking additional time to complete the review of your issue. You are able to file a grievance related to Ambetter from Arizona Complete Health taking additional time to address your issue.

If you have any questions regarding the grievance process, your specific grievance, or need assistance filing your grievance, or Level 1 Appeal, please contact Member Services at 1.888.926.5057 TTY/TDD 1.888.926.5180.

*A grievance is NOT an appeal. A grievance is an expression of dissatisfaction (or a complaint) related to your Ambetter plan experience, including but not limited to: service quality, medical care, provider service, member materials, language assistance, balance billing, referral to see a specialist and accumulators. This is not an exhaustive list. If the grievance involves an adverse decision, you are eligible to file a Level 1 Expedited Review or Informal Reconsideration. Refer to your Appeals Packet for detailed information on available appeal processes, or on the Ambetter website member page, "For Members" section.*