



## Appeal or Grievance Form

If you have a complaint or appeal related to your Humana plan or any aspect of your care, we want to hear about it and see how we can help. You can use this form to tell us what happened and how you're feeling. Please provide complete information, so we can get your issue to the associate who can help you best.

This form, along with any supporting documents (such as receipts, medical records, or a letter from your doctor) may be sent to us by mail or fax:

**Address:** Humana Grievance and Appeals Department  
P.O. Box 14165  
Lexington, KY 40512-4165

**Fax Number:** 888-556-2128

<b>1 Who is the Member?</b>		
Member name (first and last)		
Humana member ID number		Member birthdate (MM/DD/YY)
Person acting on member's behalf (if someone other than the member)		
Street address		City
State	ZIP Code	Phone number (with area code)

<b>2 What was the issue?</b>		
<b>First, help us understand what this is about:</b>		
<input type="checkbox"/> Medication <input type="checkbox"/> A medical service (or medical equipment) <input type="checkbox"/> An issue not related to a specific medical service or medication		
<b>For a specific medical service or medication, please provide the details:</b>		
Service or medication		
Provider (Physician, Facility, Prescriber)		
Have you already received the medical service or medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Service date (MM/DD/YY)		Claim number (if you have one)

## 2 What is the issue? (Continued)

**What should we know about this issue?** Please be as specific as possible about what happened and who was involved. Include any dates of service or contact with Humana employees, healthcare providers or pharmacies. If you run out of room, feel free to write on the back or add an extra page.

**What additional information can you share?** Please attach copies of any supporting information or documents that we should review, such as receipts for medications or services already paid for, medical records, or a letter from your provider.

### What documents have you attached?:

- Receipt(s)/Letter from your provider  None
- Medical Bill(s)  Other
- Medical Records

**Does your appeal need to be expedited?** Expedited appeals are only appropriate for services that haven't been rendered yet and if you and your provider believe that waiting for a standard decision could seriously harm your life, health or ability to regain maximum function. To process an expedited appeal, we'll need your provider to share a statement indicating why your request should be expedited.

**Please check this box if you need an expedited decision within 72 hours, and you have a supporting statement from your provider.**

**3 | Do you need to appoint a representative?**

**Skip this section if you are the member acting on behalf of yourself.**

*If you are not the member and aren't sure if you're authorized to work with Humana on the member's behalf, please complete this section with the member. (Note: If you are a provider or legal representative, you will need to complete a separate Appointment of Representative Form that can be found [here](#).)*

Member's Medicare ID Number or HICN (on Member's Medicare card)

Representative name (first and last)	Relationship to member	
Street Address	City	
State	ZIP Code	Phone Number (with area code)

**4 | Sign and Submit**

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Member Signature (or prescribing physician)

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Date

*Thanks for taking the time to inform us of this issue. We'll be in touch with you if we have any questions, and we'll get back to you as soon as we complete our investigation of the issue.*

## Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services.

Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or [accessibility@humana.com](mailto:accessibility@humana.com). If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

### California members:

You can also file a civil rights complaint with the California Dept. of Health Care Services, Office of Civil rights by calling **916-440-7370 (TTY: 711)**, emailing [Civilrights@dhcs.ca.gov](mailto:Civilrights@dhcs.ca.gov), or by mail at: Deputy Director, Office of Civil Rights, Department of Health Care Services, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms available at: [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

This notice is available at [www.humana.com/legal/non-discrimination-disclosure](http://www.humana.com/legal/non-discrimination-disclosure).

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# Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجاناً. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ծեսաչափի ծառայություններ: Չափահարեք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòma sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કોલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירות תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. **אנו התקשר למספר 877-320-1235 (TTY: 711)**

हिन्दी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

This notice is available at <https://www.humana.com/legal/multi-language-support>.

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ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្លូវការសាស ជំនួយ និង សេវាកម្មជាប្រជាជាម្យងជំនួសអាមេរិកជាន់។ ទូរសព្ទទៅលេខ **877-320-1235 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다. **877-320-1235 (TTY: 711)**번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ອະນະກອນຂ່າຍລ່ົງທຶນ ແລະ ກຸບແບບທາງເວີອກອື່ນ ໃຫ້ໃຈັດກັບ. ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahji' bee adahodoonílígíí diné bich'í' anídahazt'i'i, dóōlahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'i dahóló. Kohji' hodíilnih **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁੜਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyon pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **877-320-1235 (TTY: 711)** ஜி அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

اردو: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال **877-320-1235 (TTY: 711)**

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]: አዲስ አበባ ማዳማሻ እና አማራካል ቅርዱት የለችው አገልግሎቶችም ይችል:: በ **877-320-1235 (TTY: 711)** ላይ ይደማል::

Băsăo [Bassa]: Wuqu-xwíñíñ-mú-zà-zà kùà, Hwòdqö-föñö-nyo, kè nyö-böññ-po-kà bë bë nyuee se wíqí pëè-pëè qò kò. **877-320-1235 (TTY: 711)** qá.

Bekee [Igbo]: Asusụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpoo **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn işé àtìlèhìn irànlowó èdè, àti ọnà kíkà míràn wà lárówótó. Pe **877-320-1235 (TTY: 711)**.

नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन्। **877-320-1235 (TTY: 711)** मा कल गर्नुहोस्।