

# Grievance/appeal request form

Please complete this form with information about the member whose treatment is the subject of the grievance and/or appeal.

Member name: \_\_\_\_\_

Member ID number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Authorized Representative\*: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Service or Claim number: \_\_\_\_\_

Provider name: \_\_\_\_\_

Date of service: \_\_\_\_\_



\* We must have an Appointment of Authorized Representative (AOR) form or other legal documentation when a request for a grievance and/or appeal is submitted by someone other than the member. If this form or other legal documentation is not on file, we are unable to continue your appeal or grievance. If you have any questions about this, please contact us at 1-800-448-3810 (TTY: 711).

Please explain your appeal and your expected resolution. Attach extra pages if you need more space.

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\_\_\_\_\_  
Member (or Representative) signature

\_\_\_\_\_  
Date

Relationship to member (if Representative) \_\_\_\_\_

**Important:** Return this form to the following address so that we can process your grievance or appeal:

Humana Inc.  
Grievance and Appeal Department  
P.O. Box 14546  
Lexington, KY 40512-4546  
Fax: 1-800-949-2961

## Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **1-800-448-3810 (TTY: 711)**. We are available Monday through Friday, from 7 a.m. to 7 p.m. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

## Important!

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
**Discrimination Grievances**, P.O. Box 14618, Lexington, KY 40512-4618.  
If you need help filing a grievance, call **1-800-448-3810** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the  
**U.S. Department of Health and Human Services, Office for Civil Rights**  
electronically through their Complaint Portal, available at  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 1-800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

### Auxiliary aids and services, free of charge, are available to you. **1-800-448-3810 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

**Humana Healthy Horizons in Louisiana is a Medicaid Product of Humana Benefit Plan of Louisiana, Inc.**

## Language assistance services, free of charge, are available to you. **1-800-448-3810 (TTY: 711)**

**English:** Call the number above to receive free language assistance services.

**Español (Spanish):** Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

**Français (French):** Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

**Tiếng Việt (Vietnamese):** Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**繁體中文 (Chinese):** 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

**العربية (Arabic):** اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

**Português (Portuguese):** Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

**ພາສາລາວ (Lao):** ໂທຫາເບີໂທລະສັບຂ້າງເທິງ ເພື່ອຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຝຣັ່ງ.

**日本語 (Japanese):** 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

**اُردُو (Urdu):** مفت لسانی اعانت کی خدمات موصول کرنے کے لیے درج بالا نمبر پر کال کریں۔

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**فارسی (Farsi):** برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Русский (Russian):** Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

**ภาษาไทย (Thai):** โทรไปที่หมายเลขด้านบนเพื่อรับบริการช่วยเหลือด้านภาษาฟรี