

# Humana Health Horizons Grievance and Appeal Office Appointment of Representative Form

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

Member ID Number \_\_\_\_\_ Reference number \_\_\_\_\_

## The member will complete this section.

I choose \_\_\_\_\_ to advocate for me.  
Legal guardian or representative name

My legal guardian or representative can discuss everything about my medical services.

My legal guardian or representative can have all the documents directly related to my case.

\_\_\_\_\_  
Member signature Date of signature

Address \_\_\_\_\_

Phone number \_\_\_\_\_

## The legal guardian or representative will complete this section.

I am the \_\_\_\_\_ of \_\_\_\_\_.  
Spouse/child/friend/lawyer/other Member name

I agree to advocate or represent for \_\_\_\_\_.  
Member name

\_\_\_\_\_  
Legal guardian or representative signature Date of signature

Address \_\_\_\_\_

Phone number \_\_\_\_\_

## Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **877-856-5702 (TTY: 711)**. We are available Monday through Friday, from 7 a.m. to 8 p.m., Eastern time. We can help you at no cost to you. We can explain the document in English or in your preferred 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, 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. 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 **877-856-5702** or if you use a TTY, call **711**
- You can also file a civil rights complaint with the:
  - **Ohio Department of Medicaid (ODM), Office of Civil Rights** by emailing [ODM\\_EEO\\_EmployeeRelations@medicaid.ohio.gov](mailto:ODM_EEO_EmployeeRelations@medicaid.ohio.gov), faxing **614-644-1434**, or mailing to P.O. Box 182709, Columbus, Ohio 43218-2709; or
  - **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, **800-368-1019, 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. **877-856-5702 (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 Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

Language assistance services, free of charge, are available to you.  
**877-856-5702 (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.

**नेपाली (Nepali):** निःशुल्क भाषासम्बन्धी सहयोग सेवाहरू प्राप्त गर्नका लागि माथिको नम्बरमा फोन गर्नुहोस्।

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

**Soomaali (Somali):** Wac lambarka kore si aad u hesho adeegyada caawimaada luuqada oo bilaash ah.

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

**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.

**Kiswahili (Swahili):** Piga simu kwa nambari iliyo hapo juu ili upate huduma za usaidizi wa lugha bila malipo.

**Українська (Ukrainian):** Зателефонуйте за вказаним вище номером для отримання безкоштовної мовної підтримки.

**繁體中文 (Traditional 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。

**Ikinyarwanda (Kinyarwanda):** Hamagara numero iri haruguru uhabwe serivisi z'ubufasha bw'ururimi ku buntu.

**简体中文 (Simplified Chinese):** 您可以拨打上面的电话号码以获得免费的语言协助服务。

**دري (Dari):** برای دریافت خدمات رایگان کمک زبانی با شماره بالا تماس بگیرید.

**پشتو (Pashto):** د وړيا ژبې ملاتړ ترلاسه کولو لپاره پورته شميرې ته زنگ ووهئ.

**አማርኛ (Amharic):** ነፃ የቋንቋ ድጋፍ አገልግሎቶችን ለማግኘት ከላይ ባለው ስልክ ቁጥር ይደውሉ።

**ગુજરાતી (Gujarati):** મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.