Humana Healthy 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.
I choose (The legal guardian or represen	itative name goes here.)
My legal guardian or representative can discus My legal guardian or representative can have a	
The member signs here	Date
Address	
Phone number	
The legal guardian or repres	entative will complete this section.
I am the	of .
(spouse, child, friend, lawyer, or oth	of er) (The member's name goes here.)
I agree to advocate or represent for	
	(The member's name goes here.)
The legal guardian or representative needs to sigr	here. Date of signature
Address	
Phone number	



OKHM9BWEN

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **855-223-9868 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 5 p.m., Central time. 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 855-223-9868 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, 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at https://www.hhs.gov/sites/default/files/ocr-cr-complaintform-package.pdf.

Auxiliary aids and services, free of charge, are available to you. **855-223-9868 (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 Oklahoma is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation. Language assistance services, free of charge, are available to you. **855-223-9868 (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.

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。

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

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

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

မြန်မာနိုင်ငံ (Burmese) အခမဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ ရယူရန် အထက်ပါ ဖုန်း နံပါတ်ကို ခေါ်ဆိုပါ။

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.

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

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

ພາສາລາວ (Lao): ໂທຫາເບີໂທລະສັບຂ້າງເທິງ ເພື່ອຮັບບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ.

ภาษาไทย (Thai): โทรไปที่หมายเลขด้านบนเพื่อรับบริการช่วยเหลือด้านภาษาฟรี

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

tsalagi gawonihisdi (Cherokee) ୦BLb କନ୍ସ୍ୟ SJWJC J4ର୍ଭିଧ କ୮ D4ର୍ଯ Sପଧନର୍ଭ୍ୟ ଫକାରଚନ୍ସ୍ୟ Tଙ୍କାଣ୍ଟମ୍ୟୁT.

فارسى (Farsi) ديريگر سامة قوف مر امشاد ناگيار تروصد ينابز تلايهسة تفايرد ى ارد