

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.
(The legal guardian or representative name goes here.)

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.

The member signs here

Date

Address _____

Phone number _____

The legal guardian or representative will complete this section.

I am the _____ of _____.
(spouse, child, friend, lawyer, or other) (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 sign here.

Date of signature

Address _____

Phone number _____

Humana
Healthy Horizons®
in Oklahoma

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-complaint-form-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.

