Appeal & Grievance Form

This form is for your use. You can file a grievance (complaint) or request an appeal regarding denied care/service or denied payment. Aspire Health **is required by law** to respond to your complaints and appeals. We have an outlined procedure that exists for resolving these situations. If you have any questions, please feel free to call the Member Services department toll free at 855-570-1600 or via TDD/TTY 711 for the hearing-impaired.

Please print or type the following information:

Member Name (Last, first, middle initial): _____

Member ID: _____

Address: _____ City, State, Zip _____

Home Phone number: _____ Cell Phone number: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Authorized Representative: If the complaint is filed by someone other than the member, please complete the portion below:

Name: _____ Relationship to Member: _____

Address: _____ City, State, Zip _____

Home Phone number: _____ Cell Phone number: _____

Please describe your ☐ complaint or ☐ appeal. Please include the following information: dates, times, persons, places, etc. involved. Please attach copies of any additional information that may be relevant to your complaint or appeal.

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Please sign and MAIL or FAX TO the health plan:

By mail:

Aspire Health

Appeals & Grievance Department

10 Ragsdale Drive, Suite 101

Monterey, CA 93940

Fax: 831-920-5903

Federal Express:

Aspire Health

Appeals & Grievance Department

10 Ragsdale Drive, Suite 101

Monterey, CA 93940

Date_____ Signature_____

Date_____ Signature of Representative_____

(Note, if representative, need Appt. of Rep form)

Aspire Health is an HMO plan sponsor with a Medicare contract. Enrollment in the Plan depends on contract renewal. Aspire Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-570-1600 (TTY: 711) 注意：如果您使用繁體中文，您 可以免費獲得語言援助服務。請 致電1-855-570-1600（TTY：711)