



Grievance, Appeal Concern or Recommendation Form

If you wish to file a grievance, appeal, concern or recommendation, please complete this form. If you choose not to complete this form, you may write a letter that includes the information requested below. The completed form or your letter should be mailed to:

Ambetter from Meridian
Attn: Grievances and Appeals Department
PO Box 10341
Van Nuys, CA 91410
Phone: 1-833-993-2426 (Relay 711)
Fax: 1-833-886-7956

Member's Name: _____

Member's Ambetter #: _____

Street Address: _____

City _____ State _____ Zip _____

Member Phone Number: _____

For an Appeal request, provide the Tracking/Authorization Number of your denial:

Additional information to support the grievance, appeal, concern or recommendation (or attach):

Member or Representative Name: _____

Member or Representative Signature: _____

Daytime Phone #: _____ **Date:** _____

**You must file an appeal within 180 calendar days of the date of the denial letter.
You may file a grievance within 90 calendar days of the date of the event.