



Member Grievance Form

Please complete this form and attach any related documents. Mail or fax the form and documents to:

Mail to: Attn: Grievance Department
Healthy Blue
P.O. Box 62429
Virginia Beach, VA 23466

Fax to: 877-881-1305

You are not required to complete this form to file a grievance. You can also file a grievance by calling Member Services at **833-838-2593 (TTY 711)**, Monday through Friday, 8 a.m. to 5 p.m. Central time or through your **SydneySM Health** app. We will send you a response within 30 calendar days of us receiving this form or your call.

Date: _____

Member name: _____ Member ID/CIN #: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone number: _____

Information about your grievance

This information becomes part of the permanent record; write clearly and legibly.

Date of incident: _____

Describe what happened (attach additional pages if necessary): _____

Signature of member (parent or guardian if the member is a minor):

X _____ Date: _____

healthybluekansas.com/medicaid

If you need help with this form, please call Member Services at **833-838-2593 (TTY 711)**, Monday through Friday, 8 a.m. to 5 p.m. Central time.

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