



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
12515-8 Research Blvd, Ste 400, 3rd floor
Austin, TX 78759
Phone 1-8339932426 (TTY/TDD Relay 711)
Fax: 1-833-886-7956

Member's Name: _____

Member's Ambetter #: _____

Street Address: _____

City State Zp

Member Phone Number: _____

Tracking Number (if applicable. Found in upper left hand corner of denial letter):

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.*