



Member Grievance Form

Instructions: Please complete this form. Include any related documents.

Mail to: **Attn: Grievance and Appeals Department**
Anthem Blue Cross and Blue Shield
P.O. Box 62429
Virginia Beach, VA 23466

You may also file a grievance by phone. Call **866-408-6131** (Hoosier Healthwise, Healthy Indiana Plan); **844-284-1797** (Hoosier Care Connect); **833-412-4405** (Indiana PathWays for Aging); **TTY 711**, Monday through Friday, 8 a.m. to 8 p.m. Eastern time.

Date: _____

Member name: _____

Member ID #: _____

Address: _____

Phone: _____

Information about the grievance

This information becomes part of the permanent record. Please write clearly. Use extra paper, if needed.

Date of incident: _____

Describe what happened: _____

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

X _____ Date: _____

If the appellant is physically unable to sign, I, the Authorized Representative, certify that _____ (appellant) is physically unable to sign this form.

Describe the incapacity affecting the appellant.

Signature of Authorized Representative _____ Date _____

Authorized Rep (printed) name _____
First Last

Enclosures: Get help in another language
Nondiscrimination notice

[anthem.com/inmedicaid](https://www.anthem.com/inmedicaid)

Serving Hoosier Healthwise, Healthy Indiana Plan,
Hoosier Care Connect, and
Indiana PathWays for Aging

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