Anthem

Ohio Medicaid Managed Care Entity

Member Grievance Form

If you are unhappy with Anthem Blue Cross and Blue Shield or our providers, or do not agree with a decision we made, contact us as soon as possible. You, or someone you want to speak for you, can contact us. If you want someone to speak for you, you will need to let us know in writing. We want to help.

Instructions: Complete Sections I and II of this form entirely, describe the issue(s) in as much detail as possible.

- Attach copies of any records you wish to submit (do not send originals).
- If you have someone else submit for you, you must give your consent below.

Section I – Member Information		
Member Name		**Date of Request** (mm/dd/yyyy)
Member ID Number	**Member Phone Number**	**Date of Birth** (mm/dd/yyyy)
Member Address		
Reason For Request ☐**Urgent issue that is keeping you from getting needed medical care** ☐Member billing issue ☐Transportation issue ☐ID card issue ☐Issue with the medical care you received from a provider ☐Difficulty getting access to medical care ☐Unhappy with a provider office ☐Issue with dental services ☐Other (explain):		
Section II – Description of Specific Issue *Please state all details relating to your request including names, dates, places, provider information, and prior authorization request number if known. Anthem will call you to obtain any additional information we need to resolve your issue.*		
By signing below, you agree that the information provided is true and correct.		
Member's Signature		**Date** (mm/dd/yyyy)
If someone else is completing this form for you, your signature above gives your written consent for the person named here to submit on your behalf. By signing below, your authorized representative agrees that the information provided is true and correct.		
Member's Authorized Representative Name (if applicable)		**Relationship to Member**

anthem.com/oh/medicaid

1038654OHMENABS 03/22

Authorized Representative Signature (if applicable)
Contact and Submission Information
Completed grievance forms can be faxed to **866-587-3316** or emailed to ohioga@anthem.com.

Revised 12/2021

Enclosures: Get help in another language
Nondiscrimination notice