

# Grievance or Appeal

## HELP US IMPROVE HOW WE SERVE YOU

We hope our members will always be happy with our providers and with us. But if you are not happy, we want to know so we can resolve any concerns you have. To file a grievance or appeal, please complete this form and send it to us. You may file an appeal within 60 calendar days from the date on the denial letter. You can file a grievance at any time. If you don't want to use this form, you can send us a letter that includes the information below instead. Thank you!

Member Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_

Member Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Member Phone: \_\_\_\_\_

Tracking Number (if applicable; found in upper left corner of denial letter): \_\_\_\_\_

Description of your grievance or appeal (you can attach more pages if needed):

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Signature (Member or Member's Representative): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Date: \_\_\_\_\_



### SEND YOUR COMPLETED FORM TO:

Louisiana Healthcare Connections, ATTN: Quality  
P.O. Box 84180, Baton Rouge, LA 70884

**Email:** LHCCMedicaidAppealsv2@centene.com

**Fax:** 1-877-401-8170



### HAVE QUESTIONS OR NEED HELP?

Call us at 1-866-595-8133 (TTY: 711), Monday through Friday, 7 a.m. to 7 p.m.