

MEMBER GRIEVANCE AND APPEAL REQUEST FORM

STEP 1:

Please call a Member Services Representative to discuss your complaint. He or she may be able to save you time and resolve your issue(s). El Paso Health Medicare Advantage Dual (HMO D-SNP) Member Services Department are available to help you at 1-833-742-3125 (TTY: 711), 8 a.m. - 8 p.m. MST, 7 days a week from October 1 through March 31. From April 1 through September 30, 8 a.m. to 8 p.m. MST, Monday through Friday.

STEP 2:

Please complete the Member Grievance and Appeal Request form below with as much information as possible. You may also choose to send your own letter describing your concerns.

STEP 3:

If you appoint someone to act as your representative with your grievance or appeal, you and your Appointment of Representative (AOR) must send a completed Appointment of Representative form. Please contact El Paso Health's Member Services Department at 1-833-742-3125 (TTY: 711), 8 a.m. - 8 p.m. MST, 7 days a week from October 1 through March 31. From April 1 through September 30, 8 a.m. to 8 p.m. MST, Monday through Friday to have the AOR form mailed to you. Also, the AOR form is available via our website: [El Paso Health Medicare Advantage Dual \(HMO D-SNP\) Member Forms](#)

Sending in all the necessary forms together as described above will support a timely review.

STEP 4:

Once this form is completed, you may return the forms and/or legal appointment of representative documentation via facsimile at 1-915-298-7872 or mail to:

El Paso Health Medicare Advantage
Attention: Complaints and Appeals Department
P. O. Box 971100
El Paso, TX 79997

MEMBER NAME:	DAYTIME PHONE:
ADDRESS:	MEMBER ID#:
DATE OF INCIDENT	DATES OF SERVICE OF GRIEVANCE OR APPEAL:

