MASSACHUSETTS

MEMBER APPEAL & GRIEVANCE FORM

****Attention: place this form before all other documents being submitted****

ARE YOU SUBMITTING an APPEAL or GRIEVANCE?

- Request an Appeal if we didn't cover or pay enough for a service or drug you received
- Request a Grievance if you have a concern with Blue Cross or your health care provider

Check One Below

Member Submitting for Themselves or Others ☐

Form NOT for Provider appeal

Provider Using *Member's Appeal* ☐

Form for Member Appeals only & MUST include signed Member Release form.

Who is the appeal or grievance for?

Subscriber ID# and Health Plan name

First Name | Last name | Preferred Pronoun(s) | Date of Birth ____/____/_____

Who is requesting the appeal?

First Name (If different than above) | Last name | Relationship to Member

Mailing address

Email Address (optional)

Preferred phone: | Day: | Evening:

Appeal or Grievance Information

What is the appeal or grievance about?
Please describe facts of the appeal/ grievance on Page 2.

- ○ My claim or authorization was denied.
- ○ I disagree with what Blue Cross paid.
- ○ Other (please specify)

Service Category (circle one) | Medical | Pharmacy | Behavioral Health | Dental

Type of Service (Example: surgery, lab, office visit, medication name)

Service date (Put "preservice" if service has not yet happened)

Health care provider or facility name

When did you learn of the coverage denial (can be found in the Blue Cross denial letter or claims summary)

Please describe the facts relating to the appeal or grievance. Including any attempts to resolve the matter beforehand:

- Why you believe we should change our decision.
- Documents that you would like us to consider (letters from providers, medical and lab records, office notes, doctors order)
- Copies of any bills received.

Mail:
Member Appeal and Grievance Program
Blue Cross of Massachusetts
101 Huntington Ave.
Boston, MA 02199

Email:
grievances@bcbsma.com

Fax:
1-617-246-3616

What happens next? We will acknowledge the request for appeal or grievance in writing. The acknowledgement will explain the appeal or grievance process and when you may expect our response.

Signature:

Date: