UNIVERSITY of MARYLAND HEALTH PARTNERS

Appeals and Grievance Form

Use this form if you want to tell us you have a complaint or when you don't agree with a decision we made about your health care (an appeal). For help with this form, please call us at 1-410-779-9369 or 1-800-730-8530. TTY users should call 711. Our Member Services staff can talk to you Monday to Friday from 8 am to 5 pm.

Member Name: _____ Member ID: _____Today's Date_____

Member ID Number: _____

Phone Number: Home: _____ Cell: _____Other:_____

Please tell us why you are filing this complaint:

□ You don't agree with an decision we made not to cover a service your doctor asked for (appeal)
□ You have a complaint (grievance)
Tell us more (you can attach a separate piece of paper if you need more room)

_____
_____
_____

Name of Member's Primary Care Provider Name (if applicable):_____

Date(s) of Service (if needed) _____

It may take us up to 30 days to get back to you.
Do you or your doctor think that waiting 30 days could be bad for your health?
□ Yes □ No
If yes, please tell us why (you can attach a separate piece of paper if you need more room)

_____
_____
_____

Signature of UM Health Partners Member:

_____

Please fax the form to 410-779-9367 or mail it to:

University of Maryland Health Partners
Attention: Appeals & Grievances Department
1966 Greenspring Drive, Suite 100
Lutherville-Timonium, MD 21093

If you are NOT the University of Maryland Health Partners member, but are filing this on behalf of the University of Maryland Health Partners member, complete this section. Unless you are the parent of the member, federal and state laws require us to get official authorization for you to represent our member. If the University of Maryland Health Partners member has not signed this document, you need to attach a completed Appointment of Representative Form; a letter from our member letting us know that you can represent them; proof of guardianship; or Durable Power of Attorney for Health Care.

Signature of Representative: _____Your Name: _____

Relationship to Member:

_____

Phone Number: Home: _____ Cell: _____Other:_____