



Date: _____

Helpline caller:

The Medicare Rights Center is a national, nonprofit organization. We help older adults and people with disabilities through education, advocacy, and counseling. We are not a government agency, nor are we connected to any insurance plan or company.

You recently called our helpline for assistance relating to a problem with your Medicare Advantage or Part D prescription drug plan. If you are dissatisfied with your Medicare Advantage or Part D plan for any reason, you can choose to file a grievance. A grievance is a formal complaint that you file with your plan.

A grievance is not an appeal.

- You should file an appeal to request that your plan cover a service or item it has denied
- You may wish to file a grievance if your plan has poor customer service or you face administrative problems (such as the plan taking too long to file your appeal or failing to deliver a promised refund)

In some cases, you may want to file both an appeal and a grievance.

To file a grievance, send a letter to your plan's Grievance and Appeals department. Check your plan's website or contact them by phone for the address. You can also file a grievance with your plan over the phone, but it is recommended to send your complaints in writing. Be sure to send your grievance to your plan within 60 days of the event that led to the grievance.

Your plan must investigate your grievance and get back to you within 30 days. If your request is urgent, your plan must get back to you within 24 hours. If you have not heard back from your plan within this time, you can check the status of your grievance by calling your plan or 1-800-MEDICARE.

If you have any questions about filing a grievance or appeal, or regarding any other Medicare issue, please feel free to call us back at 800-333-4114.

Sincerely,

Helpline counselor

Regional Medicare offices

You may also want to send a copy of the grievance to your regional Medicare office and to your representatives in Congress, if you feel they should know about the problem. Find the address of your regional Medicare office in the list below. Keep a copy of any correspondence for your records.

<p>Region 1: CT, MA, ME, NH, RI, VT CMS—Region 1 JFK Federal Building 15 New Sudbury St, Room 2325 Boston, MA 02203 Phone: 617-565-1188 Fax: 617-565-1339</p>	<p>Region 6: AR, LA, NM, OK, TX CMS—Region 6 1301 Young Street Suite 714 Dallas, TX 75202 Phone: 214-767-6423 Fax: 214-767-6400</p>
<p>Region 2: NJ, NY, Pto. Rico, Virgin Is. CMS—Region 2 26 Federal Plaza, Room 3811 New York, NY 10278 Phone: 212-616-2205 Fax: 212-264-6189</p>	<p>Region 7: IA, KS, MO, NE CMS—Region 7 Richard Bolling Fed. Bldg. Room 235, 601 East 12th Street Kansas City, MO 64106 Phone: 816-426-5233 Fax: 816-426-3548</p>
<p>Region 3: DE, DC, MD, PA, VA, WV CMS—Region 3 801 Market Street, Suite 9400 Philadelphia, PA 19107 Phone: 215-861-4140 Fax: 215-861-4240</p>	<p>Region 8: CO, MT, ND, SD, UT, WY CMS—Region 8 1961 Stout Street, Room 08-148 Denver, CO 80202 Phone: 303-844-2111 Fax: 303-844-3374</p>
<p>Region 4: AL, FL, GA, KY, MS, NC, SC, TN CMS—Region 4 Atlanta Federal Center 61 Forsyth Street S.W., Suite 4T20 Atlanta, GA 30303 Phone: 404-562-7500 Fax: 404-562-7162</p>	<p>Region 9: American Samoa, AZ, CA, Northern Mariana Islands, Guam, HI, NV CMS—Region 9 90 7th Street, Suite 5-300 (5W) San Francisco, CA 94103 Phone: 415-744-3501 Fax: 415-744-3517</p>
<p>Region 5: IL, IN, MI, MN, OH, WI CMS—Region 5 233 North Michigan Ave., Suite 600 Chicago, IL 60601 Phone: 312-886-6432 Fax: 312-353-0252</p>	<p>Region 10: AK, ID, OR, WA CMS—Region 10 701 Fifth Avenue, Suite 1600 Seattle, WA 98104 Phone: 206-615-2306 Fax: 206-615-2027</p>

Date: _____

MEDICARE PRIVATE PLAN GRIEVANCE FORM

Enrollee name: _____

Enrollee Medicare number: _____

Name of Medicare plan: _____

Plan member number: _____

This grievance involves the following issue(s):

- ☐ Failure to return decision about coverage or appeal decision on time
- ☐ Failure to expedite coverage determination or appeal
- ☐ Quality of care
- ☐ Customer service
- ☐ Co-payment amount
- ☐ Calculation of annual drug costs
- ☐ Involuntary disenrollment
- ☐ Change in premiums or cost-sharing
- ☐ Inadequate written communications
- ☐ Marketing abuse
- ☐ Other

Briefly describe your complaint (attach additional page if necessary).