

Virginia Premier CompleteCare (Medicare-Medicaid Plan),
a Commonwealth Coordinated Care Plan

GRIEVANCE/APPEAL REQUEST FORM

First Name of Member:	Middle Name:	Last Name:
Street or Post Office Box:		
City and State:	Zip Code:	Contact Telephone#:
CompleteCare Plan ID#:	Social Security#:	Other Telephone#:
☐ I am appealing the action of Virginia Premier CompleteCare ☐ I am registering a grievance with Virginia Premier CompleteCare The date on the letter that I was told about the health plan's decision is: ____/____/____ The person who spoke or wrote to me telling me about the action that I am appealing is: Name: _____ Title: _____		
<i>Check the appropriate space:</i> ☐ Denial or limited authorization of a service authorization request ☐ Reduction, suspension, or termination of a previously authorized service ☐ Denial in whole or part of a payment for a covered service ☐ Other (<i>please specify</i>) _____		

IMPORTANT

Please send a copy of the notice or letter about the action you are appealing or submitting as a grievance.

I have a representative *(It is not necessary to have a representative)*:

Name _____

Address: _____

(Name, Address, and Telephone Number of Representative)

Signature of the Appellant: _____

Date: _____

I am requesting a grievance review/appeal
because: _____

Virginia Premier CompleteCare is a health plan that contracts with both Medicare and the Virginia Department of Medical Assistance Services to provide benefits of both programs to enrollees.

You can get this information for free in other languages. Call 1-855-338-6467, 8:00 a.m. to 8:00 p.m., Monday through Friday. For TTY/TDD services, please call 1-800-828-1120 (Text), 1-800-828-1140 (Voice). The call is free.

You can ask for this information in other formats, such as Braille or large print. Call 1-855-338-6467, 8:00 a.m. to 8:00 p.m., Monday through Friday. For TTY/TDD services, please call 1-800-828-1120 (Text), 1-800-828-1140 (Voice).