



GRIEVANCE/APPEAL FORM

First Name of Member:	Middle Name:	Last Name:
Street or Post Office Box:		
City and State:	Zip Code:	Contact Telephone#:
Virginia Premier ID#:	Social Security#:	Other Telephone#:
() I am appealing the action of Virginia Premier Health Plan, Inc.(VPHP) () I am registering a grievance with Virginia Premier Health Plan, Inc. The date on the letter that I was told about the VPHP decision is: ____/____/____ The person who spoke or wrote to me telling me about the action that I am appealing is: Name: _____ Title: _____		
Virginia Premier Health Plan, Inc. (<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 <i>Please send a copy of the notice or letter about the action you are appealing or submitting as a grievance.</i>		
If you have a representative, please complete this section. (<i>It is not necessary to have a representative.</i>) The member indicating authorization of a representative must complete this section. Name _____ Address: _____ _____ _____ _____ (<i>Name, Address, and Telephone Number of Representative</i>)		
Signature of the Member: _____ Date: _____		

Privacy & Confidentiality of Information Notice: This communication may contain non-public, confidential, or legally privileged information intended for the sole use of the designated recipient(s) named above. If you are not the intended recipient of this facsimile, or the employee or agent responsible for delivering it to the intended recipient you are hereby notified that any dissemination or copying of this facsimile is strictly prohibited. If you receive this facsimile in error, please notify us by telephone and return the original facsimile to us at the above address via the United States mail. If you are the intended recipient, you must secure the contents in accordance with all applicable state or federal requirements related to the privacy and confidentiality of information, including the HIPAA Privacy guidelines.

Privacy and security regulations under HIPAA