1850 W. Rio Salado Parkway, Suite 211
Tempe, AZ 85281
Phone: 866.560.4042
Fax: 602.778.1863

APPEAL OR SERIOUS MENTAL ILLNESS GRIEVANCE FORM

MEMBER/APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL): _____ ***DATE:*** _____

ADDRESS: _____ ***CITY:*** _____ ***STATE:*** _____

ZIP CODE: _____ ***PHONE:*** ***DATE OF BIRTH:*** ____

NAME OF INDIVIDUAL FILING FORM (IF DIFFERENT FROM ABOVE)

NAME (LAST, FIRST, MIDDLE INITIAL): _____ ***DATE:*** _____

ADDRESS: _____ ***CITY:*** _____ ***STATE:*** _____

ZIP CODE: _____ ***PHONE:*** _____

DESCRIPTION OF APPEAL OR GRIEVANCE: (Please include dates, names, locations, also any other attempts to resolve the problem, attaching additional pages as necessary.)

WHAT SOLUTION DO YOU WANT?

CONTINUATION OF SERVICES

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For members with a Serious Mental Illness, your services under appeal will be continued during the appeal process, unless doing so poses a serious threat of harm to you or others.
For appeals relating to Title XIX or XXI services, please check *one* of the following:

☐ I am requesting that the services I am appealing be continued during the appeal process. I understand that if I lose my appeal, I may be required to pay for the cost of the services that were continued during the appeal process.

☐ I do not want the services I am appealing to be continued during the appeal process.

MEMBER/APPLICANT SIGNATURE: _____ **DATE:** _____

If form is filled out by an individual other than the member, fill out the below information.

RELATIONSHIP TO THE MEMBER/APPLICANT:
(i.e. Provider, Health Care Decision Maker, Designated Representative) _____

PROVIDER, HEALTH CARE DECISION MAKER, DESIGNATED REPRESENTATIVE SIGNATURE: _____ **DATE:** _____

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Statement of Nondiscrimination

Care1st Health Plan of Arizona complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Language Assistance Services

ATTENTION: If you speak a language other than English, language assistance services are available to you at no cost. To communicate with us call 866-495-6738 (TTY: 877-613-2070).

ATENCIÓN: Si habla otro idioma distinto de inglés, tiene a su disposición servicios de asistencia de interpretación de otros idiomas sin coste adicional para usted. Póngase en contacto con nosotros en el 866-495-6738 (TTY: 877-613-2070).

SHOOH: Saad doo Bilagaá na k'ehjíbee yań iłti'góó t'aá́ ni nizaad bee niḱ á a'doowołgo bee haz'á t'aá́ jiíḱ'e. Koji' nihich'i' hólne' 866-495-6738 (TTY: 877-613-2070).