



Member Complaint Form

Complete and mail or fax to:

IlliniCare Health | Attention: Appeals & Grievances

7700 Forsyth Blvd | St Louis, MO | 63105 | Fax: 1-844-273-2671

IlliniCare Health Medicare-Medicaid Plan (MMP) will have a resolution to your complaint no later than 30 days of the date you submit your complaint. If we need more information and the delay is in your best interest or if you ask for more time, we can take up to 14 more calendar days (44 calendar days total) to answer your complaint. However, if we take this extension, we will notify you or your representative. We can usually help you right away or at the most within a few days. If you are making a complaint because we denied your request for a “fast coverage decision” or a “fast appeal”, we will automatically give you a “fast” complaint. If you have a “fast” complaint, it means we will give you an answer within 24 hours. If you need any help, please call us at 1-877-941-0482, or TTY/TDD users 711. Hours are Monday through Sunday 8:00 AM to 8:00 PM.

Member’s Name (First and Last): _____

Medicare ID Number: _____ Member Date of Birth: _____

Relationship to Member (please choose one): ☐ Self ☐ Parent ☐ Legal Guardian ☐ Spouse
☐ Other: _____

Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Provider: _____

Complaint Type (please choose one):

- ☐ Abuse, Neglect, Exportation
- ☐ Access
- ☐ Service Request, Claim Payment Issue/Appeals
- ☐ Prescription Drug Request or Issue/Coverage Determination & Redetermination Process
- ☐ Customer Service
- ☐ Enrollment & Disenrollment
- ☐ Fraud and Abuse

- ☐ Marketing
- ☐ Privacy Issues
- ☐ Quality of Care

Is this complaint about your medications? (please choose one): ☐ Yes ☐ No

If you answered **YES** above, do you have enough supply for the next 7 days? (please choose one):

☐ Yes ☐ No

What is your complaint?

How can IlliniCare Health resolve your issue?

What is the best way to reach you regarding this complaint? (please choose one): ☐ Phone ☐ Email
☐ Other

Please provide further contact information (i.e. phone number, email address, etc.):

IlliniCare Health is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

You can get this information for free in other languages. Call 1-877-941-0482. The call is free. TTY users call 711. Hours are Monday through Sunday 8:00 AM to 8:00 PM.

Usted puede obtener esta información de forma gratuita en otros idiomas. Llame a 1-877-941-0482. La llamada es gratuita. Usuarios de TTY deben llamar al 711. El horario es de lunes a domingo de 8:00 AM a 8:00 PM.

For Administrative Use Only

Complaint Number: _____ *Date Received:* _____