new mexico health connections

Member Appeal/Complaint Request and Assignment of Authorized Representative Form

Name of member for whom the appeal/complaint is being filed:	
Name of person filing appeal/complaint:	
Date:	**Member ID:**
Is this person the (check one): ☐ Policyholder ☐ Member (if different than Policyholder) ☐ Authorized Representative	
Contact information of the person filing the appeal/complaint **Complete mailing address:**	
Phone:	**Fax (if applicable):**
Communication by email is OK: ☐ **Email address (if box to the left is checked):**	
If person filing appeal/complaint is other than the member, the member must indicate authorization by signing here:	
Are you requesting an urgent appeal? ("urgent" means your life, health, or ability to maintain function is in jeopardy.) ☐ Yes ☐ No	
Briefly describe your dissatisfaction or why you disagree with our decision not to approve the requested service/benefit (you may attach additional information such as a physician's letter, bills, medical records, or other documents to support your claim):	

Send this form, your denial notice, and any supporting documentation to:
New Mexico Health Connections
ATTN: Appeals and Grievances
2440 Louisiana Blvd. NE, Suite 601
Albuquerque, NM 87110
Fax: 1-800-747-9132
Email: NMHC-Member-A-and-G@mynmhc.org

Be sure to keep copies of this form, your denial notice, and all documents and correspondence related to this claim.

Language-Access Services and Non-Discrimination Notice

English
You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free Customer Service phone number listed on your health plan ID card. TTY: 711.

This form is also available in other formats like large print. To request it in another format, call the toll-free Customer Service phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. TTY: 711.

Spanish
Tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para solicitar un intérprete, llame al número de teléfono gratuito del Servicio al Cliente que aparece en su tarjeta de identificación del plan de salud. TTY: 711.

Navajo
T'áá jíík'eh doo bąąh 'alínígóó bee baa hane'ígíí t'áá ni nizaád bee niká'e'eyeego bee ná'ahoot'i'. 'Ata' halne'í ła yíníkeedgo, ninaaltsoos nitł'izí 'ats'íís bee baa'ahayá bee nééhozinígíí bikáá' béésh bee hane'í t'áá jíík'eh bee hane'í biká'ígíí bich'į' hodíilnih dóó 0 bił 'adidíílchił. TTY 711.

Vietnamese
Bạn có quyền được trợ giúp và thông tin trong ngôn ngữ của bạn miễn phí. Để yêu cầu một thông dịch viên, hãy gọi đến số điện thoại dịch vụ khách hàng miễn phí liệt kê trên thẻ ID chương trình sức khỏe của bạn. TTY: 711.

German
Sie haben das Recht, Hilfe und Informationen in Ihrer Sprache kostenlos zu bekommen. Um einen Dolmetscher anzufordern, rufen Sie die gebührenfreie Telefonnummer des Kundendienstes an, die in Ihrem Personalausweis aufgeführt ist. TTY: 711.

Chinese
您有权免费使用您的语言获取帮助和信息。 要请求翻译，请拨打您的健康计划身份证上列出的免费客户服务电话号码. TTY：711。

Arabic
لديك الحق في الحصول على المساعدة والمعلومات في لغتك دون أي تكلفة .لطلب مترجم، اتصل بخدمة العملاء رقم الهاتف المجاني المدرجة في بطاقة الهوية خطة صحتك. TTY: 711.

Korean
귀하는 귀하의 언어로 무료로 도움과 정보를 얻을 권리가 있습니다. 통역사를 요청하려면 건강 플랜 ID 카드에 나와있는 무료 고객 서비스 전화 번호로 전화하십시오. TTY : 711 입니다.

Tagalog
Kayo ay may karapatan na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang humiling ng isang interpreter, tumawag sa toll-free Customer Service numero ng telepono na nakalista sa iyong planong pangkalusugan ID card. TTY: 711.

Japanese
あなたは無料であなたの言語でヘルプと情報を入手する権利があります。 通訳を希望する場合は、保健プランIDカードに記載されているフリーダイヤルのカスタマーサービスの電話番号にお電話ください。 TTY：711

French
Vous avez le droit d'obtenir de l'aide et des informations dans votre langue sans frais. Pour demander un interprète, appelez le numéro de téléphone sans frais du Service à la clientèle figurant sur votre carte d'identité du régime de soins de santé. TTY: 711.

Italian
Lei ha il diritto di richiedere assistenza e informazioni nella propria lingua, senza alcun costo. Per richiedere un interprete, chiamare il numero di telefono Servizio Clienti al numero verde indicato sulla carta d'identità piano sanitario. TTY: 711.

Russian
Вы имеете право получить помощь и информацию на вашем языке без каких-либо затрат. Для того, чтобы попросить переводчика, позвоните по бесплатному телефону обслуживания клиентов номер, указанный в вашем плане здоровья удостоверения личности. TTY: 711.

Hindi
आप कोई भी कीमत पर अपनी भाषा में और जानकारी प्राप्त करने का अधिकार रखते हैं। एक दुभाषिया के अनुरोध के लिए टोल फ्री ग्राहक सेवा फोन अपने स्वास्थ्य योजना आईडी कार्ड पर सूचीबद्ध नंबर पर कॉल। TTY: 711।

Persian-Farsi

شده ذکر تلفن شماره مشتریان خدمات رایگان از مترجم یک درخواست برای .باشد داشته هزینه هیچ بدون را خود زبان به اطلاعات و کمک که دارید حق شما
.بگیرید تماس خود بهداشتی برنامه ID کارت روی بر 711: TTY.

Thai
คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณไม่มีค่าใช้จ่าย
หากต้องการขอล่ามโทรไปยังหมายเลขโทรศัพท์โทรฟรีบริการลูกค้าระบุไว้ในบัตรประจำตัวประชาชนแผนสุขภาพของคุณ TTY: 711

Notice of Non-Discrimination and Accessibility

The following is a statement describing nondiscrimination for NMHC and the services it provides to its clients and members:

- We do not discriminate on the basis of race, color, national origin, age, disability, or gender in our health programs or activities.
- We provide help free of charge to people with disabilities or whose primary language is not English. To ask for a document in another format such as large print, or to get language help such as a qualified interpreter, please call NMHC Customer Service at 1-855-769-6642, Monday through Friday, 8:00 a.m. to 5:00 p.m. TTY: 1-800-659-8331.
- If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can send a complaint to:
  NMHC Compliance Hotline
  2440 Louisiana Blvd. NE, Suite 601
  Albuquerque, NM 87110
  Phone: 1-855-882-3904
  Fax: 1-866-231-1344

You also have the right to file a complaint directly with the U.S. Dept. of Health and Human Services online, by phone, or by mail:

- **Online:** https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
- **Phone:** Toll-free: 1-800-368-1019, TDD: 1-800-537-7697
- **Mail:** U.S. Dept. of Health & Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201