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BlueAdvantage
Member Grievance Form
Confidential

If you have any questions, please call the Customer Service phone number, <1-800-841-7434 or TTY/TDD 1-888-423-9490 for the hearing impaired, between the hours of 8 a.m. and 9 p.m. ET, 7 days a week. Note: From March 1 to September 30>, you may be required to leave a message on weekends and holidays. We will return your call within one business day.

TO: BlueCross BlueShield of Tennessee
ATTN: Medicare Advantage Appeals & Grievance Coordinator
1 Cameron Hill Circle, Suite 0005
Chattanooga, TN 37402
FROM: Member's Name: _____
First Last MI
Member Identification No.: _____
Telephone No.: (____) _____
Address: _____
Street Number and Name
City County State ZIP Code

A clear written description of the facts and circumstances about the grievance and the action you wish to have us take should be included.

Description of the grievance (Please use additional pages if needed):

Multiple horizontal lines for describing the grievance.

Signature of Member

Date

OR

Member Representative

Date