



CONFIDENTIAL INFORMATION

BlueEssential (HMO SNP)SM Member Grievance Form

To: BlueCross BlueShield of Tennessee
Attn: Medicare Advantage Appeals & Grievance Department
1 Cameron Hill Circle, Suite 0005
Chattanooga, TN 37402

Member Name	First:	Last:	MI:
Member ID Number:			
Phone Number:			
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):			

Signature of Member

Date

OR

Member Representative*

Date

*An enrollee may appoint any individual to act as representative. To be appointed, both the enrollee and the representative must sign and date an Appointment of Representative (AOR) form or a written notice. Other appropriate legal papers such as Power of Attorney supporting an authorized representative's status may also be submitted instead. Member Service can mail you an AOR form or you can print it from the Manage My Plan section of our website at bcbstmedicare.com.

For more information



Call toll-free **1-888-851-BLUE (2583)**, (TTY: **711**).

From **Oct. 1** to **March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **April 1** to **Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. If you call us outside these hours or on a holiday, our automated system will answer your call. You can leave a message for us, and we will call you back the next business day.



1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbstmedicare.com

BlueCross BlueShield of Tennessee, Inc., and SecurityCare of Tennessee, Inc., are Independent Licensees of the Blue Cross Blue Shield Association. BlueEssential is an HMO SNP plan with a Medicare contract. Enrollment in BlueEssential depends on contract renewal. BlueCross BlueShield of Tennessee complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-851-2583 (TTY: 711).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-888-851-2583 (TTY: 711).