



Member Appeal Request Form

Instructions: Please fill out this form and attach any papers that support this request.

Mail to: **Attn: Complaint Coordinator**
 Blue Cross and Blue Shield of Texas (BCBSTX)
 P.O. Box 27838
 Albuquerque, NM 87125-7838

You may also file an appeal by phone. Just call the phone number printed on your BCBSTX ID Card.
You will be sent an answer within 30 calendar days of the receipt of this form by BCBSTX.

Date: _____ Phone Number: _____

Member Name: _____ Member ID No/CIN No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Information about the Appeal

This information is part of the permanent record. Write clearly and legibly. Use more sheets of paper if necessary.

Who has the complaint or is requesting appeal? _____

What type of Service? _____

When did you ask for this care? _____

Where did you go to get the care? _____

Why did you ask for this care? _____

What else do we need to know about complaint or request for appeal?

bcbstx.com/starkids

Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Texas does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Texas:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Texas has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

