



## Appeal & Grievance Form

This form is for your use. You can file a grievance (complaint) or request an appeal regarding denied care/service or denied payment. Aspire Health Plan **is required by law** to respond to your complaints and appeals. We have an outlined procedure that exists for resolving these situations. If you have any questions, please feel free to call the Member Services department toll free at 855-570-1600 or via TDD/TTY 711 for the hearing-impaired.

**Please print or type the following information:**

Member Name (Last, first, middle initial): \_\_\_\_\_

Member ID: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

*Authorized Representative: If the complaint is filed by someone other than the member, please complete the portion below:*

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Please describe your  complaint or  appeal. Please include the following information: dates, times, persons, places, etc. involved. Please attach copies of any additional information that may be relevant to your complaint or appeal.

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Please sign and MAIL or FAX TO the health plan:

**By mail:**

**Fax:** 831-657-0703

Aspire Health Plan  
Appeals & Grievance Department  
10 Ragsdale Drive, Suite 101  
Monterey, CA 93940

**Federal Express:**

Aspire Health Plan  
Appeals & Grievance Department  
10 Ragsdale Drive, Suite 101  
Monterey, CA 93940

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature of Representative \_\_\_\_\_

(Note, if representative, need Appt. of Rep form)

Aspire Health Plan is an HMO plan sponsor with a Medicare contract. Enrollment in the Plan depends on contract renewal. Aspire Health Plan 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 1-855-570-1600 (TTY: 711) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-570-1600 (TTY : 711)