Member Appeal and Grievance Form

To request an appeal of an adverse organization determination on your Medicare Part C medical care, in whole or in part, please complete the information below and attach any documentation you feel would support your appeal.

To file a grievance, please complete the information below and attach any documentation you feel would support your grievance. A grievance is any complaint or dispute expressing dissatisfaction with the plan or one of our network providers or pharmacies, including a complaint about the quality of your care. If your problem relates to a coverage determination, please refer to your Evidence of Coverage, Chapter 9, Section 6.

Your appeal or grievance must be filed within 60 days of the initial determination or the date of the event. This form, along with any documentation to support your appeal or grievance, can be mailed or faxed to:

Vibra Health Plan
ATTN: Appeals & Grievances
PO Box 60250
Harrisburg, PA 17106-0250
Fax: 1-844-774-5585

Appeal or grievance requests, including expedited requests or a pre-service appeal, can be made by calling Member Services at 1-844-388-8268 (TTY users call: 711) OR via fax to 1-844-774-5585.

Member Information

Member Name:		Date of Birth:
Address:		
City:	State:	Zip:
Member ID Number:	Primary Telephone:	

Item or Service you are Appealing or Grieving

Date the Item or Service was Received:	Claim Number (if applicable):	
Item or Service:		
Provider:		
City:	State:	Zip:
Authorization Number (if applicable):		

Reason for Appeal or Grievance

Please explain your appeal or grievance and your expected resolution:

If you wish to be represented by another person for your appeal or grievance, you will need to submit an Appointment of Representative (1696) Form, which will serve to name an individual to advocate on your behalf. You may contact Member Services at 1-844-388-8628 to request an Appointment of Representative Form, or visit our website at www.vibrahealthplan.com

Member or Authorized Representative Signature:	**Date:**

Important Information about your Rights

For more detailed information about your Appeal and Grievance Rights, please reference your Evidence of Coverage.

If you have any question or require further assistance regarding this matter, please call our Member Services Department at 1-844-388-8268 (TTY users call: 711), 8 a.m. and 8 p.m., 7 days a week.

Vibra Health Plan is a PPO with a Medicare contract. Enrollment in Vibra Health Plan depends on contract renewal.