



1850 W. Rio Salado Parkway, Suite 211
Tempe, AZ 85281
Phone: 888.788.4408
Fax: 866.714.7998

APPEAL OR SERIOUS MENTAL ILLNESS GRIEVANCE FORM

MEMBER/APPLICANT INFORMATION

NAME
(LAST, FIRST, MIDDLE INITIAL): _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____

ZIP CODE: _____ **PHONE:** _____ **DATE OF BIRTH:** _____

NAME OF INDIVIDUAL FILING FORM (IF DIFFERENT FROM ABOVE)

NAME
(LAST, FIRST, MIDDLE INITIAL): _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____

ZIP
CODE: _____ **PHONE:** _____

DESCRIPTION OF APPEAL OR GRIEVANCE: (Please include dates, names, locations, also any other attempts to resolve the problem, attaching additional pages as necessary.)

WHAT SOLUTION DO YOU WANT?

CONTINUATION OF SERVICES

For members with a Serious Mental Illness, your services under appeal will be continued during the appeal process, unless doing so poses a serious threat of harm to you or others.

For appeals relating to Title XIX or XXI services, please check *one* of the following:

- I am requesting that the services I am appealing be continued during the appeal process. I understand that if I lose my appeal, I may be required to pay for the cost of the services that were continued during the appeal process.

- I do not want the services I am appealing to be continued during the appeal process.

MEMBER/APPLICANT SIGNATURE: _____ **DATE:** _____

If form is filled out by an individual other than the member, fill out the below information.

**RELATIONSHIP TO THE
MEMBER/APPLICANT:**

*(i.e. Provider, Health Care Decision
Maker, Designated Representative)*

**PROVIDER, HEALTH CARE DECISION
MAKER, DESIGNATED REPRESENTATIVE
SIGNATURE:**

_____ **DATE:** _____



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Statement of Nondiscrimination

AzCH-Complete Care Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Language Assistance Services

ATTENTION: If you speak a language other than English, language assistance services are available to you at no cost. To communicate with us call 866-495-6738 (TTY: 877-613-2070).

ATENCIÓN: Si habla otro idioma distinto de inglés, tiene a su disposición servicios de asistencia de interpretación de otros idiomas sin coste adicional para usted. Póngase en contacto con nosotros en el 866-495-6738 (TTY: 877-613-2070).

SHOOH: Saad doo Bilagaá na k'ehjí'bee yań íłti'góó t'aá' ni nizaad bee ník' a' a'doowołgo bee haz'a' t'aá' jíík'e. Koji' nihich'i' hólne' 866-495-6738 (TTY: 877-613-2070).