

COMPLAINT FORM

This form is for filing a complaint about medical care or prescription drugs. If you have any questions, please feel free to call the Brand New Day Member Services Department at 1-866-255-4795, TTY 711, 8 am - 8 pm 7 days a week.

PLEASE PRINT THE FOLLOWING INFORMATION ABOUT YOURSELF:

Member Name: _____ Member ID#: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

APPOINTMENT OF REPRESENTATION FOR COMPLAINT

You can ask someone to act on your behalf. If you want to, you can name another person to act for you as your "Representative" to make a complaint. There may be someone who is already legally authorized to act as your representative under state law. If you want a friend, relative, your doctor or other provider, or other person to be your representative, call Member Services and ask for the "Appointment of Representative" form or go to our website at www.bndhmo.com/Members/Resources and scroll to the bottom of the page under "Forms". You can also complete the information below about the person you are naming to act for this grievance only. We cannot start review of complaints from someone other than you unless we have the completed "Appointment of Representative" form or other proof of legal authorization for someone to act for you.

If choosing a Representative, please complete the following information:

I appoint the following person to act for me for this complaint:

Representative's Name: _____

Representative's Address: _____

Representative's Telephone: _____

Relationship to Member: _____

Member Signature: _____ Date: _____

Representative Signature: _____ Date: _____

