

Member Grievance Form

Date: _____

Member Name: _____

Member ID #: _____

Parent/Guardian: _____

Relationship: _____

Address: _____

Phone #: _____

Completed by: _____

The following questions will help us understand your grievance. If you need help, please call Highmark Health Options Member Services at 1-844-325-6251 / TTY 711 or 1-800-232-5460.

1. Please explain the details of your grievance. Please include as much information as possible, including the issue, names of staff or doctors involved, type of service or item, and dates of service so that we can address your grievance appropriately.

Please turn to 2nd page for a few more questions

