

## MEDICARE GRIEVANCE FORM

### USE THIS FORM FOR COMPLAINTS, OTHER THAN A DENIED CLAIM

If you have question, call our Member Services at **888-999-3265** during the following dates and times:

**October 1 to March 31**—weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.

**April 1 to September 30**—weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside of these hours, please leave a message and your call will be returned within one business day. TTY users, please call **711**.

Member Name \_\_\_\_\_ Member ID # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Ph # (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Provider \_\_\_\_\_ Name, if you are not the member \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date(s) of Service (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ Check this box if your grievance/complaint is about the care you received.

#### A. WHAT IS THE REASON FOR YOUR COMPLAINT?

#### B. WHAT WOULD YOU LIKE US TO DO?

#### C. HOW WOULD YOU LIKE US TO CONTACT YOU ABOUT THIS GRIEVANCE?

Email Address \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ ☐ Mail to the above address

#### SIGNATURE

Please attach copies of any records (such as bills or letters from doctors) and send them by email, fax or mail.

• Email: [appeals@scripius.org](mailto:appeals@scripius.org) • Fax: **801-442-0762** • Mail: (Address as shown above)

**I GIVE SCRIPUS PERMISSION TO LOOK INTO MY COMPLAINT. I UNDERSTAND THAT SCRIPUS MAY NEED TO CONTACT THE PROVIDER AND/OR REVIEW MY RECORDS.**

Signature \_\_\_\_\_ Name \_\_\_\_\_

If you need help filling out this form, please call us at **888-999-3265**.

# Fair Treatment Notice

Scripius obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status. We provide free:

- Aid to those with disabilities to help them talk with us. This may be sign language interpreters or info in other formats (large print, audio, electronic).
- Help for those whose first language is not English, such as interpreters or member materials in other languages.

Need help? Call Scripius Member Services at **888-999-3265**.

If you feel you've been treated unfairly, call Scripius 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: **711**) or the Compliance Hotline at **1-800-442-4845** (TTY Users: **711**). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

## Language Access Services

**ATTENTION:** If you speak Spanish, free language assistance services are available to you. Call Scripius.

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Scripius.

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 Scripius

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Scripius.

통지: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Scripius. 번호로 전화해 주십시오.

यान दिदनुहोस्: तपास्ले नेपाली बोलुनुहुन्छ भने तपास्को दिनमित्त भाषा सहोयता सेवाह दिन: शुल्क पामा उपालेब् छ। Scripius मा फोन गर्नुहोस्।

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Scripius.

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Scripius.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните Scripius.

**ATTENTION:** si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez Scripius.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。Scripius. まで、お電話にてご連絡ください。

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**ПАЖНА:** Ако говорите Српски, бесплатне услуге помоћи за језик, биће вам доступне. Контактирајте Scripius.

تامدخ كل رفوتتسف، بيرع ثدحتت تنك اذ: هيينت  
Scripius، لب لصتا. اناجم قيوغلا دعاملا  
تامدخ، دى نكىم تب حصى نك دراو ار نابز هب رگا: هجوت  
اب. تسامش راى تخا رد ناگىار تروصب، ى نابز كم كم  
دى رگب سامت Scripius.

หมายเหตุ: หากคุณพูด ใ้ ภาษา, การบริการภาษา โดยไม่มีค่าใช้จ่าย มีพร อมบริการให้ กับคุณ ติดต่ อ Scripius.

**Scripius: 888-999-3265**