Grievance and Appeal Request Form

Please use this form to file an appeal (request for us to reconsider our decision) or grievance (complaint) related to your CHRISTUS Health Plan.

Member Information

Member name _____

CHRISTUS Health Plan member ID number _____

Date of birth (MM/DD/YYY) _____

Home phone _____ Cell phone _____

Address _____

City _____ State _____ Zip code _____

Authorized Representative* _____

*An Appointment of Representative form or written equivalent is required when someone files an appeal or grievance on behalf of a member. Link to CMS-1696 Appointment of Representative form is below.

Appointment of Representative form - English Appointment of Representative form - Spanish

Appeal / Grievance Information

Claim number _____

Date(s) of service _____

Name of provider _____

Please explain your appeal or grievance. You can attach extra information to support your appeal or grievance. _____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Member or Representative Date

_____

Relationship to Member (if Representative)

H1189_MC4912_C

Grievance and Appeal Request Form

Mail this form to the following address for a timely appeal/grievance resolution:

CHRISTUS Health Advantage (HMO)

Appeal and Grievance Department
PO Box 169009
Irving, TX 75016
Fax# 1-866-416-2840

CHRISTUS Health Advantage is an HMO plan with a Medicare contract.

If you have any questions, please contact our Member Services Department at 1-844-282-3026, TTY 711.

October 1 - March 31:
• Live Customer Service representatives available seven days a week, from 8:00 a.m. to 8:00 p.m. CST

• Interactive voice response system or similar technologies for Thanksgiving and Christmas Day (messages must be returned within one (1) business day)

April 1 - September 30:
• Live Customer Service representatives available Monday through Friday, from 8:00 a.m. to 8:00 p.m. CST

• Interactive voice response system or similar technologies for Saturdays, Sundays, and federal holidays (messages must be returned within one (1) business day)