

# Clover Health

## Grievance Form

---

A grievance is a formal complaint that members can make when they are not satisfied with the way Clover Health or one of our network providers or pharmacies provided healthcare services. A grievance may include a complaint about the quality of your care. This type of complaint does not involve coverage or payment determinations. You must file a grievance within 60 days of the event or incident.

You may send the completed form to:

Clover Health  
Attention: Grievances  
PO Box 21672  
Eagan, MN 55121  
Fax: (551) 227-3962

You may also file a grievance by calling Member Services at **1-888-778-1478** (TTY 711) from 8 am to 8 pm local time, 7 days a week.\*

**Who may file a grievance:** If you want another individual (such as a family member or friend) to file a grievance on your behalf, that individual must be your representative. See required documentation and how to name a representative on the next page.

| Member Information:          |  |                                     |           |
|------------------------------|--|-------------------------------------|-----------|
| Member Full Name:            |  |                                     |           |
| Member ID#:                  | Birth Date (MM/DD/YYYY):<br>____/____/____ | Phone Number:<br>(____) ____ - ____ |           |
| Address:                     |  |                                     |           |
| City:                        |  | State:                              | ZIP Code: |
| Phone:<br>(____) ____ - ____ |  | Email:                              |           |

**Complete the following section ONLY if the person making this request is not the member:**

Requestor's Name :

Requestor's Relationship to Member:

Phone Number:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Address:

City:

State:

ZIP Code:

Email:

**Representation documentation for grievances made by someone other than the member:** Attach documentation showing this person has authority to represent the member. This documentation may include a completed Appointment of Representative (AOR) form (available at [cloverhealth.com/aor](http://cloverhealth.com/aor)) or other legal documentation that demonstrates the person is a legal representative per state law, e.g., a court-appointed guardian, an individual who has durable power of attorney, a healthcare proxy, or a person designated under a healthcare consent statute. For more information on appointing a representative or to have an AOR form mailed to you, please contact Member Services at 1-888-778-1478 (TTY 711) 8 am–8 pm local time, 7 days a week.\* You may also contact Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048).

**Type of Grievance**

Please choose one: ☐ Medical benefits ☐ Pharmacy benefits ☐ Other

**Description of Grievance** (Attach additional pages, if necessary.)

Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

\*From April 15 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Clover Health is a Preferred Provider Organization (PPO) plan and a Health Maintenance Organization (HMO) plan with a Medicare contract. Enrollment in Clover Health depends on contract renewal. This information is not a complete description of benefits. Call 1-888-778-1478 (TTY 711) for more information.