

Grievance/Complaint Form

If you have any questions or would like help with this form, please call us at (505) 923-5678 or toll-free at 1-800-356-2219. TTY users may call 1-877-298-7407. You may also find this form online at www.phs.org.

INSTRUCTIONS

- Please fill out this Grievance/Complaint form as completely as possible.
- When you have completed the form, please keep a copy for your records.
- Mail the original copy to Presbyterian at the following address.

Appeals and Grievance Coordinator
Presbyterian Health Plan
P.O. Box 27489
Albuquerque, New Mexico 87125-7489
Phone: (505) 923-5678
Toll-free: 1-800-356-2219
Fax: (505) 923-5124

MEMBER INFORMATION

Member Name:

Member ID Number:

This involves (please check (✓) one):

 A Physician Issue A Hospital Issue Other - please explain: _____**REASON FOR GRIEVANCE OR COMPLAINT**

Please tell below, as completely as you can, the reason for the grievance/complaint issue. Please provide dates, times, persons, and places involved, and be as specific as possible. If necessary, please attach extra sheets.

Signature:

Date: