



MEMBER GRIEVANCE AND APPEAL REQUEST FORM

STEP 1:

Please call a Member Services Representative to discuss your complaint. He or she may be able to save you time and resolve your issue(s). El Paso Health Advantage Dual SNP Member Services Department are available to help you at 1-833-742-3125 (TTY: 711), 8 a.m. - 8 p.m. MST, 7 days a week from October 1 through March 31. From April 1 through September 30, 8 a.m. to 8 p.m. MST, Monday through Friday.

STEP 2:

Please complete the Member Grievance and Appeal Request form below with as much information as possible. You may also choose to send your own letter describing your concerns.

STEP 3:

If you appoint someone to act as your representative with your grievance or appeal, you and your Appointment of Representative (AOR) must send a completed Appointment of Representative form. Please contact El Paso Health's Member Services Department at 1-833-742-3125 (TTY: 711), 8 a.m. - 8 p.m. MST, 7 days a week from October 1 through March 31. From April 1 through September 30, 8 a.m. to 8 p.m. MST, Monday through Friday to have the AOR form mailed to you. Also, the AOR form is available via our website: [El Paso Health Advantage Dual SNP Member Forms](#)

Sending in all the necessary forms together as described above will support a timely review.

STEP 4:

Once this form is completed, you may return the forms and/or legal appointment of representative documentation via facsimile at 1-915-298-7872 or mail to:

El Paso Health Advantage Dual SNP
Attention: Complaints and Appeals Department
P. O. Box 971100
El Paso, TX 79997

MEMBER NAME:	DAYTIME PHONE:
ADDRESS:	MEMBER ID#:
DATE OF INCIDENT	DATES OF SERVICE OF GRIEVANCE OR APPEAL:

