



Member Grievance Form

Instructions: Please complete this form. Include any related documents.

Mail to: **Attn: Grievance and Appeals Department**
Anthem Blue Cross and Blue Shield
P.O. Box 62429
Virginia Beach, VA 23466

You may also file a grievance by phone. Call **1-866-408-6131 (Hoosier Healthwise and Healthy Indiana Plan)** **1-844-284-1797 (Hoosier Care Connect) (TTY 711)**.

Date: _____
Member Name: _____
Member ID #: _____
Address: _____
Phone: _____

Information about the grievance

This information becomes part of the permanent record. Please write clearly. Use extra paper if needed.

Date of incident: _____
Describe what happened: _____

Signature of member (parent or guardian if member is a minor):

X _____ Date: _____

www.anthem.com/inmedicaid

**Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect**

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Call for free translation/Llame para una traducción sin costo: 1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 1-844-284-1797 (Hoosier Care Connect); TTY 711.