



Grievance, Concern or Recommendation Form

If you wish to file a grievance, concern or recommendation, please complete this form. If you choose not to complete this form, you may write a letter that includes the information requested below. The completed form or your letter should be mailed to:

Ambetter from PA Health & Wellness
Attn: Grievances Department
12515-8 Research Blvd, Ste 400, 3rd Floor
Austin, TX 78759
Phone 1-833-510-4727 (Relay 711)
Fax 1-833-886-7956

Member's Name: _____

Member's Ambetter #: _____

Street Address: _____

City _____ State _____ Zip _____

Member Phone Number: _____

Tracking Number (if applicable; found in upper left hand corner of denial letter):

Additional information to support the grievance, concern or recommendation (or attach):

Member or Representative: _____

Daytime Phone #: _____ Date: _____

****You must file a grievance within 180 calendar days of the date of the event.***