ambetter of North Carolina Inc.

Grievance, Appeal Concern or Recommendation Form

If you wish to file a grievance, appeal, 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 of North Carolina Inc.
Attn: Grievances and Appeals
12515-8 Research Blvd, Ste 400, 3rd floor
Austin, TX 78759
Phone 1-833-863-1310 (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, appeal, concern or recommendation (or attach):

_____

_____

_____

_____

_____

Member or Representative: _____

Daytime Phone #:_____**Date:**_____

You must file an appeal within 180 calendar days of the date of the denial letter.

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