

## **Avera Health Plans Member Complaint Process**

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Your concerns are important to us. Should you have a grievance or problem, please contact our Service Center Monday through Friday, 8 AM – 5 PM CT at (605) 322-4545 or call toll free 1-888-322-2115. Our Service Center will work with you to try to resolve any problem.

However, if the representative is not able to resolve your problem, you may file a formal grievance.

To file a formal grievance, please complete the Member Complaint Form on the following page or submit your complaint in writing to the address below. Once received, Avera Health Plans will acknowledge your grievance. We review the documentation and provide you a written determination. If you are still not satisfied with the determination, you have the right to appeal.

The completed form can be mailed or delivered to the following address:

**Attention: Complaint and Appeals Coordinator**

**Avera Health Plans**

**5300 S. Broadband Ln.**

**Sioux Falls, SD 57108-2221**



**Member Complaint Form**

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Member ID Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member Date of Birth: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Provider/Facility Name: \_\_\_\_\_

Has this issue been brought to the attention of an Avera Health Plans employee before?

Yes or No If yes, to whom and when?

Please provide an explanation of your grievance and attach any additional documentation that will assist us in our review. Please use a separate sheet if additional space is necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are separate documents attached? Yes or No

What action would you like to see taken?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Member

Date

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**For Office Use Only**

Tracking Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Resolved: \_\_\_\_\_ Responsible Department: \_\_\_\_\_

Signature: \_\_\_\_\_