Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

Member Appeal or Grievance Consent Form

Pursuant to the *General Requirements Regulation 42 CFR §438.402*, Anthem Blue Cross and Blue Shield providers submitting a grievance or appeal for a pre-service on behalf of a member in the Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect programs must include this consent form signed and dated by the member giving the provider permission to file the grievance or appeal on the member's behalf.

I, ____, give

permission for ____

to request the grievance or appeal for a pre-service on my behalf.

Member's signature:____

Date:___________________

Without this consent, the grievance or appeal will be dismissed.

Members, or providers acting on the member's behalf, have 33 calendar days from the date of action notice to file an appeal.

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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