



Physician/Provider Grievance Form

When complete, please mail to: **Attn: Grievance and Appeals Department, Anthem Blue Cross, P.O. Box 60007, Los Angeles, CA 90060-0007.** For claim disputes, please use the Provider Dispute Resolution form.

Provider Information

Date: _____

Primary Care Provider Site Number: _____ Medical Group (if applicable): _____

Provider Name: _____ License Number: _____

Tax ID Number: _____ NPI Number: _____

Are you part of the Anthem Blue Cross provider network? Yes No

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____

Information about the Grievance

This information is part of the permanent record. Write clearly and legibly. Use more sheets of paper if necessary.

Policy Issue Service Issue Medical Group Issue Quality Issue Other

Member Name: _____ Member ID Number: _____

Date of Incident: _____

Describe What Happened: _____

Signature of Provider: _____ Date: _____

Anthem Blue Cross is responsible for regulating health care service plans. The Department of Health Care Services has a toll-free telephone number to receive complaints regarding health plans. If you have a complaint against a health plan, you should contact the plan and use the plan's grievance process. If you need the Department of Health Care Services to help you with an emergency complaint or a complaint that has not been satisfactorily resolved by the plan, then you may call the Department of Health Care Services toll-free number.

For Health Plan Use Only	
Date Received: _____	Received By: _____
Grievance Code: _____	
Investigation Routed to:	
Department: _____	Supervisor: _____ Date: _____