

# Member Complaint and Appeal Form

**NOTE:** Completion of this form is voluntary. To obtain a review, you or your authorized representative may also call our Member Services Department using the telephone number displayed on the member ID card or submit a request in writing to the address listed at the end of your Explanation of Benefits (EOB) or other correspondence received from Allina Health | Aetna.

**Please provide the following information for the primary Insured/Member.**  
*(This information may be found on the front of your ID card.)*

Today's Date	Member's ID Number	Plan Type <input type="checkbox"/> Medical <input type="checkbox"/> Dental	Member's Group Number <i>(Optional)</i>
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Member's First Name	Member's Last Name	Member's Birthdate <i>(MM/DD/YYYY)</i>
Member's E-mail Address		

**Please provide the following information for the person you are submitting the request for.**

First Name	Last Name	Birthdate <i>(MM/DD/YYYY)</i>
Relationship to person requesting the appeal: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____		
<b>Note:</b> If your selection is spouse, child (18 years of age or older) or other, please complete and include the attached Authorized Representative Form with your request.		
Please advise if the appeal is related to: <input type="checkbox"/> Pre-Service <input type="checkbox"/> Post Service		

**To help us review and respond to your request, please provide the following information.**  
*(This information may be found on correspondence from us.)*

Claim ID Number <i>(If Post Service selected above.)</i>	Reference Number <i>(If Pre-Service selected above.)</i>	Service Date <i>(If Post Service insert date of services, if Pre-Service insert date of denial.)</i>
Explanation of Your Request <i>(Please use additional pages if necessary.)</i>		
Member's Signature		

**Note:** When submitting this form with your request please include: - Bills and/or correspondence for these services.  
 - Any other helpful information.

You may mail your request to: **Allina Health | Aetna**  
**PO Box 14463**  
**Lexington, KY 40512**

**Or use our National Fax Number: 859-425-3379CRTM**

## **Nondiscrimination Notice**

Allina Health | Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512,  
**1-800-648-7817**, TTY: **711**,  
Fax: **859-425-3379**, [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at **1-800-368-1019**, **800-537-7697** (TDD).

**Health plans are offered, underwritten or administered by Allina Health and Aetna Insurance Company (Allina Health | Aetna). Allina Health | Aetna is an affiliate of Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services to Allina Health | Aetna. Allina Health | Aetna has sole financial responsibility for its own products.**

TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Cushitic-Oromo	Tajaajiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Lao	ເພື່ອເຂົ້າໃຊ້ບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎ ላይ ያለውን ቁጥር ይደውሉ።
Karen	လၢၣ်တၢၢ်ကမ္မူကျိၣ်တၢၢ်မၤစၢၣ်အတၢ်ဖံးတၢၢ်မၤတဖၣ် လၢၣ်တၢၢ်အိၣ်ဒီးအပူၤလၢၣ်န့ၣ်တဘျဟ့ၣ်အိၣ်အိၣ်ကိးဘၣ်လိတံၢ်စိနီၣ်ဂံၢ်လၢၣ်အိၣ်လၢၣ်န့ၣ်ခိၣ်ဂံၢ် ၁ (၅) အလံၤတၢၢ်က့ၢ်ၤ
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.

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