



**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 Illinois  
Attn: Appeals & Grievances Department  
12515-8 Research Blvd, Ste. 400  
Austin, TX 78759  
Phone 855-745-5507  
TDD/TTY 1-844-517-3431  
Fax 833-886-7956

Member's Name: \_\_\_\_\_

Member's Ambetter ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Member's Phone Number: \_\_\_\_\_

Tracking Number (If applicable. Found in upper left hand corner of denial letter):  
\_\_\_\_\_

Additional information to support the grievance, appeal, concern or recommendations (or attach):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member or Representative: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

***\*You must file an appeal within 180 calendar days of the date of the denial letter.  
\*You must file a grievance within 180 calendar days of the date of the event.***