

Your Grievance Rights as an ETF Employee

MercyCare is required to make a reasonable effort to resolve your problems and complaints. If you have a complaint regarding MercyCare for example, the denial of a claim or referral, you should contact our customer service department to see if the problem can be resolved over the phone.

If you are unable to resolve your concern over the phone, you have the right to request a grievance hearing.

MercyCare will send you a written acknowledgement within five days of receipt of your grievance. If we are unable to overturn our original decision, we will offer you the opportunity to meet with our grievance committee to discuss your case. If you choose to attend, you may present written and /or oral information at the meeting to support your position.

The Grievance Committee will review and evaluate all available information pertinent to the grievance and conduct further investigation if necessary. MercyCare's Grievance Coordinator will work with you throughout the process and will send you a letter advising you of the resolution of your grievance within thirty days of receiving the request.

In cases where your health may be put in jeopardy by a delay or there is an urgent clinical situation your request will be expedited and we will resolve your complaint within 72 hours.

GRIEVANCE REQUEST FORM

MEMBER LAST NAME: _____ FIRST NAME: _____

MEMBER ADDRESS: _____

DATE OF BIRTH: _____ MEMBER ID #: _____

NAME OF PERSON FILING GRIEVANCE: _____
_____ MEMBER _____ PATIENT AUTHORIZED REPRESENTATIVE

**IF PERSON FILING APPEAL/GRIEVANCE IS OTHER THAN PATIENT, PATIENT
MUST INDICATE AUTHORIZATION BY SIGNING AND DATING BELOW:**

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

DAYTIME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

PREFERRED CALL BACK TIME: _____

IS YOUR CONCERN REGARDING: (PLEASE CHECK ALL THAT APPLY)

___ BENEFITS ___ SERVICES ___ OTHER

