GRIEVANCE AND APPEAL FORM

Unison Health Plan
1001 Brinton Road, Pittsburgh, PA 15221
Member Services • 1.800.414.9025 • 1.888.616.0021 (TTY)

Member's Name _____ ID # _____

Address _____

Telehone Number: (Home) _____ (Work) _____

Please describe your concern <u>in detail</u> using names, dates, places of services, time of day, and issues that occurred. If applicable, you also need to explain why Unison should consider payment for the requested services that are not covered.

(Signature) **(Date)**

Please return the completed form to Member Services at the address shown on page 1. You will receive a letter acknowledging our receipt of your grievance and/or appeal. Your grievance and/or appeal will be reviewed once we receive all appropriate documentation relating to your concern.