Member Complaint Form

This form has been supplied so that you may describe your complaint and have it reviewed and responded to by the Healthfirst Appeals and Grievances department. Please give dates, times, places, and persons involved. If you need help completing this form, please call the Healthfirst Member Services department toll free at **1-866-463-6743 (TTY 1-888-542-3821)**. You have the right to make a complaint directly with an area office of the NY State Department of Health regarding medical care. Please refer to the Healthfirst Member Handbook for a listing of area office(s), address(es), and telephone number(s). Healthfirst will not take any action against you for filing a complaint.

SECTION 1: MEMBER INFORMATION

MEMBER NAME ______________________________ MEMBER ID NUMBER ______________
First Name Last Name

MEMBER ADDRESS ______________________________
Street Apt. # City State Zip

TELEPHONE NUMBER* (______)______________________
Area Code

SECTION 2: COMPLAINANT INFORMATION

NAME OF PERSON FILING COMPLAINT IF NOT MEMBER** ______________________________ RELATIONSHIP TO MEMBER ______________
First Name Last Name

COMPLAINANT ADDRESS ______________________________
Street Apt. # City State Zip

TELEPHONE NUMBER* (______)______________________
Area Code

* If you do not have a telephone, please list the phone number of a family member, neighbor, or other person who can locate you.
** If other than head of household, please provide documentation of legal guardianship or member's written consent to represent.

SECTION 3: PROVIDER INFORMATION

PROVIDER NAME ______________________________
First Name Last Name

ADDRESS ______________________________
Street Apt. # City State Zip

TELEPHONE NUMBER* (______)______________________ Date of Visit: ______________
Area Code

Description of Complaint ______________________________

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Signature of Member or Complainant **Date**

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Signature of Representative Providing Assistance **Date**

Please return this completed form to:
Healthfirst
P.O. Box 5166
New York, NY 10274-5166
Fax: 1-646-313-4618