

Molina Healthcare of South Carolina

Member Grievance Request Form

Instructions for filing a grievance:

1. Fill out this form completely. Describe the issue(s) in as much detail as possible.
2. Attach copies of any records you wish to submit. **(Do Not Send Originals)**.
3. If you have someone else submit on your behalf, you must give your consent below.
4. You may submit the completed form through one of the following ways:
 - a. Send to the address listed below,
 - b. Fax to the fax number below, or
 - c. Present your information in person. To do this, call us at the number listed below.
5. We will send a written acknowledgement letter to you within 5 business days.

Member's name: _____ Today's date: _____

Name of person requesting grievance, if other than the Member: _____

Relationship to the Member: _____

Member's ID #: _____ Daytime telephone #: _____

Email Address: _____

Specific issue(s): _____

(Please state all details relating to your request including names, dates and places. Attach another sheet of paper to this form if more space is needed)

By signing below, you agree that the information provided is true and correct. If someone else is completing this form for you, you are giving written consent for the person named above to submit on your behalf.

Member's Signature: _____ Date: _____

If you would like help with your request, we can help. We can help you in the language you speak or if you need other special support for hearing or seeing. You can call, write, or fax us at:

Member Services Department:

Phone: 1-855-882-3901

Fax: 1-877-823-5961

Attn: MIRR Department

Mail:

Molina Healthcare of South Carolina

Attn: MIRR Department

P.O. Box 40309

North Charleston, SC 29423-0309

Your privacy is important to us. Please know that even though Molina Healthcare of South Carolina has strict privacy policies and practices, you may be sending this information from a fax that is not secure. Please be aware of that when sending personal information.

Important Information You Need to Know

If you are unhappy with the steps Molina Healthcare of South Carolina and/or your doctor took for your request, let us know. You can fill out the enclosed Member Grievance Request Form to file a grievance. You may also call us.

- We will resolve your grievance as quickly as possible, but no later than ninety (90) calendar days from the date your grievance was received.