



MEMBER/PHYSICIAN APPEAL/COMPLAINT FORM

Member ID #: \_\_\_\_\_

Member's Last Name | First Name | Middle Initial

Address (Number, Street, Apt.) | City | State | Zip Code

Telephone (Home) | (Business) | (Cell) | Today's Date

Email Address (optional) | Member's Signature

If you are filing an appeal or complaint on behalf of another person who is enrolled in one of our Medicare Advantage plans, complete the information below and provide a completed CMS Form 1696--Appointed Representative form or provide appropriate legal papers supporting your status as the member's authorized representative. Your appeal or complaint will not be reviewed until the appropriate documentation supporting your status as the authorized representative is received.

Your Last Name | First Name | Middle Initial

Address (Number, Street, Apt.) | City | State | Zip Code

Telephone (Home) | (Business) | (Cell) | Today's Date

Email Address (optional) | Signature

continued on next page

**If you are the member’s treating physician, please complete the following information and sign the acknowledgement below indicating the member has been given the appropriate notice.**

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Physician’s Last Name	First Name	Middle Initial
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Practice Name and Address (Number, Street, Apt.)	City	State	Zip Code
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Telephone (Business)	Today’s Date
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Physician ID #	Physician Signature
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**For more information, please contact Independent Health’s Member Services Department at (716) 250-4401 or 1-800-665-1502 (TTY users call 1-800-432-1110):**  
**October 1 – February 14: Monday – Sunday, 8 a.m. – 8 p.m.**  
**February 15 – September 30: Monday – Friday, 8 a.m. – 8 p.m.**

*Check this box if your health requires a fast appeal. You can get a fast appeal only if you are asking for coverage for medical care you have not yet received. You can get a fast appeal only if using the standard deadlines could cause serious harm to your health or hurt your ability to function. If your doctor tells us that your health requires a “fast appeal,” we will automatically agree to give you a fast appeal.*

**This Section Must Be Completed Provide All Details Below**  
*(Please Print)*

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Date(s) of Service(s):	Provider(s) Involved
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Brief Description of Complaint or Appeal:  
(If additional space is needed, attach additional information.)

Send this completed form (and any additional documentation) to:

**Mail:** Benefit Administration  
P.O. Box 2090  
Buffalo, NY 14231

**Fax:** (716) 635-3504

**Email:** [appeals@independenthealth.com](mailto:appeals@independenthealth.com)

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## Nondiscrimination statement and language assistance services

<p><b>English</b></p>	<p>ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.</p>
<p><b>Spanish</b></p>	<p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.</p>
<p><b>Chinese</b></p>	<p>注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-1502 (TTY: 1-800-432-1110)。</p> <p>Independent Health 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。</p>
<p><b>Russian</b></p>	<p>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-1502 (телетайп: ТТУ: 1-800-432-1110).</p> <p>Independent Health соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.</p>
<p><b>French Creole</b></p>	<p>ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.</p>
<p><b>Korean</b></p>	<p>주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-1502 (TTY: 1-800-432-1110) 번으로 전화해 주십시오.</p> <p>Independent Health 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.</p>
<p><b>Italian</b></p>	<p>ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso.</p>
<p><b>Yiddish</b></p>	<p>Independent Health קומט נאך פעדעראלע ציווילע רעכטן געזעצן און דיסקרימינירט נישט אויפן באזיס פון ראסע, קאליר, נאציאנאלע אפשטאם, דיסאביליטי, אדער געשלעכט.</p> <p>אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-665-1502 (TTY: 1-800-432-1110).</p>
<p><b>Bengali</b></p>	<p>Independent Health প্রযোজ্য ফেডারেল নাগরিক অধিকার আইন মেনে চলে এবং জাতি, রঙ, জাতীয় উৎপত্তি, বয়স, অক্ষমতা, বা লিঙ্গের ভিত্তিতে বৈষম্য করে না।</p> <p>লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-665-1502 (TTY: 1-800-432-1110)।</p>

<b>Polish</b>	<p>UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć.</p>
<b>Arabic</b>	<p>يلتزم Independent Health بقوانين الحقوق المدنية الفدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس.</p> <p>ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-665-1502 (رقم هاتف الصم والبكم: 1-800-432-1110).</p>
<b>French</b>	<p>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.</p>
<b>Urdu</b>	<p>Independent Health قابلِ اطلاق وفاقى شہری حقوق کے قوانین کی تعمیل کرتا ہے اور یہ کہ نسل، رنگ، قومیت، عمر، معذوری یا جنس کی بنیاد پر امتیاز نہیں کرتا۔</p> <p>خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-665-1502 (TTY: 1-800-432-1110)۔</p>
<b>Tagalog</b>	<p>PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Sumusunod ang Independent Health sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.</p>
<b>Greek</b>	<p>ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους για τα ατομικά δικαιώματα και δεν προβαίνει σε διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο.</p>
<b>Albanian</b>	<p>KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health vepron në përputhje me ligjet e zbatueshme federale të të drejtave civile dhe nuk ushtron diskriminim mbi baza si raca, ngjyra, prejardhja etnike, mosha, aftësia e kufizuar ose gjinia.</p>

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# Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement

## Discrimination is Against the Law

Independent Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independent Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independent Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Independent Health's Member Services Department. If you believe that Independent Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Independent Health's Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-501-3439, TTY users call 1-800-432-1110, fax (716) 635-3504, [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Independent Health's Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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