

Grievance/Appeal Form

This form is to help you file a grievance or appeal. You can fill it out and send it to us.

Or, you may write a letter and include this information in your letter.

You may file a grievance at any time.

You must file an appeal within 60 calendar days from the date on the denial letter.

Please mail this form or your letter to:

Western Sky Community Care
Attention: Grievances and Appeals
5300 Homestead Road NE
Albuquerque, NM 87110
Fax: 1-844-235-6050

PLEASE PRINT

Member Name: _____

Member ID#: _____

Street Address: _____

City _____ State _____ Zip Code _____

Member Phone Number: (_____) _____

Share information you have about your (check one):

Grievance

Appeal

Representative's Name (if you named one) _____

Member/Representative's signature: _____

Daytime Phone Number (_____) _____

Date _____