

Complaints, Grievances and Appeals Form

Date:	Time:

Section A: Information

Who is making the request?			
<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Beneficiary's Guardian	<input type="checkbox"/> Authorized Representative	<input type="checkbox"/> Other:
Print Name <input style="width: 90%;" type="text"/>			
Telephone Number <input style="width: 80%;" type="text"/>		Other Telephone Number <input style="width: 80%;" type="text"/>	
Contract Number <input style="width: 80%;" type="text"/>		PMG Number <input style="width: 80%;" type="text"/>	
Address <input style="width: 95%;" type="text"/>			
City <input style="width: 80%;" type="text"/>		Zip Code <input style="width: 80%;" type="text"/>	

Section B: Issue Description (if the applicant is not the beneficiary please include name). If you need additional space, please use the back side of this form.

Was additional information included in the application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you selected Yes, please describe the documentation included:

Beneficiary or Representative Signature	<input style="width: 95%;" type="text"/>
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Section C: For Official Use of First Medical

Service Officer's Name	Office or Department	Grievances and Appeals Stamp

Select the request type	<input type="checkbox"/> Complaint	<input type="checkbox"/> Grievance	<input type="checkbox"/> Appeal
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Please be sure to complete all form fields. Once all is done you can deliver it through any of our Service Offices, send it by fax at 787-300-3931 or by mail at:

***First Medical Health Plan, Inc.
Grievances and Appeals Department- FM Vital
PO Box 195079
San Juan, PR 00919-5079***

If you need additional space for the Issue Description (Section B), please use this space:

If you have any questions, please contact our Customer Service Department at 1-844-347-7800 Monday through Friday from 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-844-347-7805. You can also visit our Service Offices, Monday through Friday from 8:00 a.m. to 5:00 p.m., or access our webpage at www.firstmedicalvital.com.



The Customer Service Department offers language and sign language interpreter services free of charge. This includes, service alternate formats such as; Braille, enlarged print and translation into other languages, verbal or written, among others. If you need plan information in another format or language, please contact our Customer Service Department Monday through Friday from 7:00 a.m. to 7:00 p.m. at 1-844-347-7800. Hearing impaired users TTY/TDD should call 1-844-347-7805, toll-free.

El Departamento de Servicio al Cliente ofrece servicios de intérprete de idiomas y Lenguaje de Señas libre de costo. Esto incluye, servicio de formatos alternos tales como; Braille, letra agrandada y traducción a otros idiomas, verbal o escrito, entre otros. Si usted necesita información del plan en otro formato o lenguaje por favor comuníquese con nuestro Departamento de Servicio al Cliente al de lunes a viernes de 7:00 a.m. a 7:00 p.m. al 1-844-347-7800. Usuarios audio-impeidos TTY/TDD deben llamar al 1-844-347-7805, libre de cargos.

First Medical cumple con las leyes federales aplicables de derechos civiles y no discrimina en base a raza, color, origen de nacionalidad, edad, discapacidad, o sexo. **First Medical** complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. **First Medical** 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

