$\textbf{888-999-3265} \, (\, \text{TTY:} \, \textbf{711}) \, \textbf{scripius.org/medicare}$



APPEAL/RECONSIDERATION REQUEST FORM

USE THIS FORM FOR COMPLAINTS ABOUT BENEFIT COVERAGE OR A DENIED CLAIM

If you have questions contact Member Services toll-free at 888-999-3265 during the following dates and times:

	_	_
October 1 to March 31—weekdays 7:00 a.m. to April 1 to September 30—weekdays 7:00 a.m. Outside of these hours, please leave a message	to 8:00 p.m., Saturday 9:00 a.m. to 2:00	o.m., closed Sunday.
Member Name		. Member ID #
Street Address	City _	State
Zip Ph # ()	Email Address	
Provider	Name, if you are not the member	
Date of Birth (MM/DD/YYYY)//	Date(s) of Service (MM/DD/YYYY)	_// to/
☐ Check this box if your grievance/complaint is about the care you received.		
A. WHAT IS THE REASON FOR YOUR APPEAL?		
B. WHAT WOULD YOU LIKE US TO DO?		
C. HOW WOULD YOU LIKE US TO CONTACT YO	OU ABOUT THIS GRIEVANCE?	
Email Address	Fax#()_	
SIGNATURE		
Please attach copies of any records (such as bills or letters from doctors) and send them by email, fax or mail.		
• Email: appeals@scripius.org • Fax: 801-44	12-0762 • Mail: (Address as shown abo	ove)
I GIVE SCRIPIUS PERMISSION TO LOOK INTO MY COMPLAINT. I UNDERSTAND THAT SCRIPIUS MAY NEED TO CONTACT THE PROVIDER AND/OR REVIEW MY RECORDS.		
Signature	Name	

If you need help filling out this form, please call us at ${\bf 888\text{-}999\text{-}3265}.$

Fair Treatment Notice

Scripius obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status. We provide free:

- Aid to those with disabilities to help them talk with us. This may be sign language interpreters or info in other formats (large print, audio, electronic).
- Help for those whose first language is not English, such as interpreters or member materials in other languages.

Need help? Call Scripius Member Services at **888-999-3265**.

If you feel you've been treated unfairly, call Scripius 504/Civil Rights Coordinator at 1-844-208-9012 (TTY Users: 711) or the Compliance Hotline at 1-800-442-4845 (TTY Users: 711). You may also call the Office for Civil Rights at 1-800-368-1019 (TTY Users: 1-800-537-7697).

Language Access Services

ATTENTION: If you speak Spanish, free language assistance services are available to you. Call Scripius.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Scripius.

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 Scripius

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Scripius.

통지: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Scripius. 번호로 전화해 주십시오.



्याान दिदनुहोोस्: तपााषले नेपााली बोोल्नुहुन्छ भने तपााषकोो दिनम्तिम्त भाषाा स्होायता स्वााह दिनःशुल्क पामा। उपालेब छ। Scripius माा फोोन गर्नुहोोस्।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Scripius.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Scripius.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните Scripius.

ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez Scripius.

注意事項:日本語を話される場合、無料の言語支援 をご利用いただけます。Scripius. まで、お電話に てご連絡ください。

ማሳሰቢያ፡ አማርኛ የሚና7ሩ ከሆነ፣ የቋንቋ ድጋፍ አንልግሎቶች ያስክፍያ ስእርስዎ ይ7ኛሉ፡፡ Scripius ን ያናግሩ፡፡

ПАЖЊА: Ако говорите Српски, бесплатне услуге пмоћи за језик, биће вам доступне. Контактирајте Scripius.

تامدخ کل رفوتتسف ، ببرع ثدحتت تنك اذإ : هیبنت Scripius سب لصتا . أناجم قیو غللا قدعاسملا تامدخ ، دین کیم تبحص ین ک دراو ار نابز هب رگا : هجوت اب .تسامش رایت خارد ناگیار تروصب ، ی نابز کم ک . دیری گب سامت Scripius

หมายเหตุ: หากคุณพูด ใส่ ภาษา, การบริการภาษา โดย ไม่ มีค่าใช้ จ่าย มีพร้ อมบริการให้ กับคุณ ติดต่ อ Scripius.

Scripius: 888-999-3265