

Rocky Mountain Health Plans Member Complaint Form

Complaint is being filed for:

Member Name: _____

Address: _____

Telephone: _____

Member Identification No.: _____

Relationship to Subscriber: self dependent other

Subscriber Name: _____

Address: _____

Telephone: _____

Subscriber Identification No.: _____

Nature of Complaint (*please describe in detail*):

Mail to:

Rocky Mountain Health Plans
Member Concerns Coordinator
2775 Crossroads Blvd.
P.O. Box 10600
Grand Junction, CO 81502-5600

Required time limit for filing complaints is 30 days from the notice of denial or failure to provide services or duties owed to the member. For complaints, special help may be provided upon request for persons with disabilities, communication barriers, or for persons who do not speak English.

If you need information concerning the filing of a complaint or if you would like us to complete the form for you, please call 800-346-4643 and speak with Customer Service.

- TDD for hearing impaired is 970-248-5019 or 800-704-6370. (You must have TDD equipment to use these phone numbers.)
- Para asistencia en español llame al 800-346-4643.
- For callers who speak languages other than English or Spanish, RMHP uses AT&T Language Interpreters.

Member or Subscriber Signature: _____

Date: _____

Stamp

Rocky Mountain Health Plans
Attn: Member Concerns Coordinator
2775 Crossroads Blvd.
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