

Member Complaint Form

Complete and mail or fax to:
Ascension Complete | Attention: Complaints – Medicare Operations
7700 Forsyth Blvd. | St. Louis, MO | 63105
Fax: 1-844-273-2671

Ascension Complete will have a resolution to your complaint no later than 30 calendar days of the date you submit your complaint. If we need more information and the delay is in your best interest or if you ask for more time, we can take up to 14 more calendar days (44 calendar days total) to answer your complaint. However, if we take this extension, we will notify you or your representative. We can usually help you right away or at the most within a few days. If you are making a complaint because we denied your request for a “fast coverage decision” or a “fast appeal”, we will automatically give you a “fast” complaint. If you have a “fast” complaint, it means we will give you an answer within 24 hours. If you need any help, please call us at 1-833-623-0771 (TTY: 711). From October 1 through March 31, our office hours are 8 a.m. to 8 p.m., 7 days a week. From April 1 through September 30, our office hours are from 8:00 a.m. to 8:00 p.m., Monday through Friday. Call on evenings, after hours, weekends and federal holidays will be handled by our automated phone system. You can also visit ascensioncomplete.com

Member’s Name (First and Last): _____

Medicare ID Number: _____ Member Date of Birth: _____

Relationship to Member* (please choose one): Self ___ Parent ___ Legal Guardian ___ Spouse

Other _____

Phone Number: _____ Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Provider:

Complaint Type (please choose one):

Access

Service Request

Claims Payment Issues

Appeals

- Benefits
- Prescription Drug Request or Issue/Coverage Determination & Redetermination Process
- Customer Service
- Enrollment & Disenrollment
- Fraud & Abuse
- Marketing
- Privacy Issues
- Quality of Care

Is this complaint about your medications? (please choose one): Yes No

If you answered **YES** above, do you have enough supply for the next 7 days? (please choose one):
Yes No

What is your complaint? _____

How can Ascension Complete resolve your issue? _____



What is the best way to reach you regarding this complaint? (please choose one): Phone Email

Other: _____

Please provide further contact information (i.e. phone number, email address, etc.):

For Administrative Use Only

Complaint Number: _____ *Date Received:* _____

Y0020_18_9872FORM_C_10262018