

## 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 1-833-525 0824 (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](http://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:* \_\_\_\_\_

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