

Grievance/Appeal and Dispute Resolution Form

Definitions:

Appeal: A review at the local level by a PIHP, or delegated CMHSP, of an Adverse Benefit Determination.

Grievance: A customer's expression of dissatisfaction about PIHP/CMHSP, or Summit Pointe contracted provider service issues, other than an Adverse Benefit Determination.

Instructions:

Fill out this form as completely as possible, including as much detail as possible and how you feel it could be resolved. If you would like assistance completing this form please contact Summit Pointe's Customer Service Department at 877-275-5887 or 269-966-1460.

Insurance Type: Medicaid Other

Appeal Type: Standard 30 days Expedited 72 hour

Grievance Type:

Service Denial Routine Mental Health

Quality of Care

Authorization Denial

Access and Availability

Service Termination

Interaction with Provider

Member Rights

Financial/Billing Matters

Safety/Risk Management

Service environment

Did you try and resolve this issue before filing a grievance/appeal? (i.e. talk to your doctor, therapist)

Yes No

Outcome:

Customer's Name

Customer's Address

Customer's Telephone Number

Parent/Guardian Name

Do you want an authorized representative to assist you? Yes No

*If yes we will need an authorized representative form on file.

Authorized Representative

Telephone Number of Authorized Representative

Explain the grievance/appeal request:

How do you feel this could be resolved?

Additional Information:

Signature of Customers/Guardian

Date:

Please return the completed form to Summit Pointe's Customer Service Department using one of the following:

Fax # 269-425-3015

#CustomerServiceLine@SummitPointe.org

Mail: 3630 Capital Ave SW, Battle Creek, MI 49015

Attention: Customer Service



For Office Use Only

Date Recieved by Customer Service

Customer Service Representative

Type of Request:

Appeal Type: Standard 30 days Expedited 72 hour

Grievance Medicaid 90 day resolution Non-Medicaid 45 day resolution