

Member Grievance Form

Instructions: Please complete this form and attach any related documents.

Mail to:

Specialty Drug – Healthy Blue Grievance Department

P.O. Box 100317

Columbia, SC 29202-3317

Pharmacy - CarelonRx Grievance Department

P.O. Box 775370

St. Louis, MO 63177

You may also file by phone. Just call the phone number on your member ID card.

Date: _____

Member name: _____

Member ID no.: _____

Address: _____

Phone no.: _____

Information about the grievance

This information becomes part of the permanent record. Please write clearly. Use extra paper if needed.

Date of incident: _____

Describe what happened (use extra paper if needed):

www.HealthyBlueSC.com

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.
CarelonRx is an independent company that administers pharmacy benefits for Healthy Blue members on behalf of BlueChoice HealthPlan. CVS Caremark®, is a separate company providing utilization review services on behalf of BlueChoice HealthPlan.

X _____
Signature

Date

www.HealthyBlueSC.com

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