

## MEMBER GRIEVANCE FORM

Complete and mail, fax, or email to:

Absolute Total Care

Attention: Grievance and Appeals

100 Center Point Circle

Columbia, SC 29210

Fax: 1-866-918-4457

Email: SC\_Appeals\_And\_Grievs@centene.com (Send securely)

You may also call us at 1-866-433-6041 (TTY: 711).

Absolute Total Care will resolve grievances as quickly as possible and within 90 calendar days. If you need more time, or if we need more information and a delay is in your best interest, a 14-calendar-day extension may be granted. If an extension is made to your grievance, we will notify you or your authorized representative as soon as possible by phone and follow up in writing. You can also find more information in your Member Handbook. You may give permission to a provider or someone else to act for you as an authorized representative by completing and submitting the Appointment of Authorized Representative Form to Absolute Total Care. This form must be signed by you or your parent/legal guardian and can be found on our website at absolutetotalcare.com. If you need help filing a grievance, please contact us.

Member Name (First and last): \_\_\_\_\_

Member ID: \_\_\_\_\_ Member Date of Birth: \_\_\_\_\_

Name of Person Submitting Grievance: \_\_\_\_\_

Relationship to Member (Please choose one):  Self  Spouse  Son/Daughter  Legal Guardian

Other: \_\_\_\_\_

Please provide the following member information:

Phone Number(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grievance type (Please choose all that apply):

Access to Care/Services (e.g., unable to locate provider in your area)

Absolute Total Care Issue

Provider Issue



## Notice of Non-Discrimination

Absolute Total Care (ATC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATC provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact our Manager of Member Services, by mail at: 100 Center Point Circle Columbia, SC 29210; by phone at: 1-866-433-6041 (TTY: 711); or by email at: [ATC.MBR SVC@centene.com](mailto:ATC.MBR SVC@centene.com).

If you believe that ATC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-866-433-6041 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-433-6041 (TTY: 711).

إذا كانت لغتك الأساسية غير اللغة الإنكليزية فإن خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:  
1-866-433-6041 (رقم هاتف الصم والبكم 711)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-433-6041 (TTY: 711).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-433-6041 (телетайп: 711).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-433-6041 (TTY: 711).

Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame 1-866-433-6041 (TTY: 711)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-433-6041 (TTY: 711)

Falam tawng thiam tu na si le tawng let nak asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in na ko thei.

धयदु आप हदी बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह । 1-866-433-6041 (TTY: 711) पर कॉल कर ।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-433-6041 (TTY: 711)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-433-6041 (ATS: 711).

နမူကတိ ကညိ ကျိအယိ, နမူနာ ကျိအတိမၤစၢၤလၢ တလၢာ်ဘျုးလၢာ်စ့ၤ နီတံၤဘၢ်သ့န့ၢ်လီၤ. ကိး 866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-866-433-6041 (መስማት ለተሳናቸው፡ 711)።

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၎င်းအတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-866-433-6041 (TTY: 711) သို့ ခေါ်ဆိုပါ။