

## Member Appeals/Grievances

You may request a grievance within 180 calendar days from the date of the initial notice of the adverse decision. If the adverse decision is past 180 days (6 months), the time for filing an appeal has expired.

You may call us at 317-573-6689. Please have the following information ready when telephoning:

Subscriber's Name  
Patient's Name  
Subscriber's Health Plan (HP) Number  
Date of Service of the Claim  
The Nature of the Grievance

### QUESTIONS AND CONCERNS

If you feel that you (a) you need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance  
Consumer Services Division  
311 West Washington Street, Suite 300  
Indianapolis, IN 46204-2787

Consumer Hotline: (800) 622-4461 or  
Indianapolis area: (317) 232-2395

Complaints can be filed electronically at [www.in.gov/idoi](http://www.in.gov/idoi)

#### **Other Resources to Help You:**

For questions about your rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

You may also have remedies available to you through The Department of Labor under 502(a) of the ERISA Act.