

**Upon completion of this form
please fax it to 1-844-743-1643.**



Appointment Assistance Request Form

First Name: _____

Last Name: _____

Member ID#: _____

Best phone number to reach you: _____

Your email address: _____

What type of provider or specialist do you need? If you want an appointment with a specific provider, please give their first and last name.

Please provide your location (the address where you are currently living):

Do you need help setting up a ride for healthcare visits? Yes No

Have you already contacted us to ask for help making an appointment? Yes No

If yes, please give the date you contacted Member Services.

Date: DD/MM/YYYY: _____

You can make a formal complaint. This is also called “filing a grievance.” If you want to file a grievance, check the box to the right. I want to file a grievance.