

Grievance Form

☐ HFP	☐ HKSB	□ PPO	☐ UTAH CHIP
endeavors to reach solution	ons acceptable to all cond you need assistance in	erned. To facilitate the completing this form,	problems raised by its enrollees and se efforts, please provide us with the please contact any Premier Member
Namo:			
Name:			
Citv:	State:		ZIP Code:
Telephone: ()			
Nature of Grievance Pl provider of service. Please			e date(s) of service and name(s) of
	Please mail	or email this form to:	
	Premier Acce	ss Insurance Company	
		inces/Appeals Departme	ent
		BOX 659010	
	Sacramer	to, CA 95865-9010	
	GrievanceDe	ept@PremierLife.com	
		TE BELOW THIS LINE MPANY USE ONLY	
GRIEVANCE RECEIVED BY	Y :		
DATE RECEIVED:			
TIME RECEIVED:			
GRIEVANCE LOG COMPLE	ETED BY:		