



Premier Access Insurance Company
8890 Cal Center Drive
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FAX: 866.379.3247

GRIEVANCE FORM

WWW.PREMIERLIFE.COM

[] HFP

[] HKSB

[] PPO

[] UTAH CHIP

Premier Access Insurance Company ("Premier") takes very seriously the problems raised by its enrollees and endeavors to reach solutions acceptable to all concerned. To facilitate these efforts, please provide us with the following information. If you need assistance in completing this form, please contact any Premier Member Services Representative at the numbers at 888-715-0760.

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: () _____

Nature of Grievance -- Please be as specific as possible and include the date(s) of service and name(s) of provider of service. Please use additional sheets if more space is needed.

Multiple horizontal lines for writing the nature of the grievance.

Please mail or email this form to:

Premier Access Insurance Company
Attention: Grievances / Appeals Department
P.O. BOX 659010
Sacramento, CA 95865-9010

GrievanceDept@PremierLife.com

DO NOT WRITE BELOW THIS LINE
FOR COMPANY USE ONLY

GRIEVANCE RECEIVED BY: _____

DATE RECEIVED: _____

TIME RECEIVED: _____

GRIEVANCE LOG COMPLETED BY: _____