



Member Complaint Form

Complete and mail or fax to:
Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan)
Attention: Appeals & Grievances
7700 Forsyth Blvd.
St. Louis, MO | 63105
Fax: 1-844-273-2641

Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan) will have a resolution to your complaint no later than 30 calendar days of the date you submit your complaint. If we need more information and the delay is in your best interest or if you ask for more time, we can take up to 14 more calendar days (44 calendar days total) to answer your complaint. However, if we take this extension, we will notify you or your representative. We can usually help you right away or at the most within a few days. If you are making a complaint because we denied your request for a “fast coverage decision” or a “fast appeal,” we will automatically give you a “fast” complaint. If you have a “fast” complaint, it means we will give you an answer within 24 hours. If you need help, call Member Services at 1-855-735-4398 (TTY: 711). Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Member’s Name (First and Last): _____

Member ID Number: _____ Member Date of Birth: _____

Relationship to Member* (please choose one): Self Parent Legal Guardian Spouse

Other: _____

**If other than “Self” is selected, required proof of guardianship, power of attorney or an Appointment of Representative (AOR) Form will be required. The AOR Form can be found on our Resources/Materials webpage at mmp.absolutetotalcare.com.*

Name of Person Submitting the Complaint: _____

Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Provider: _____

Complaint Type (please choose one):

- Abuse, Neglect, Exploitation
- Access to Services
- Service Request, Claim Payment Issue/Appeals
- Prescription Drug Request or Issue/Coverage Determination and Redetermination Process
- Customer Service
- Enrollment and Disenrollment
- Fraud and Abuse
- Marketing
- Privacy Issues
- Quality of Care

Is this complaint about your medications? (Please choose one): Yes No

If you answered **YES** above, do you have enough supply for the next seven days? (Please choose one):

Yes No

What is your complaint? _____

How can Wellcare Prime resolve your issue? _____

What is the best way to reach you regarding this complaint? (Please choose one): Phone Email

Other: _____

Please provide further contact information (i.e., phone number, email address, etc.):

Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (TTY: 711) de 8 a.m. a 8 p.m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriados federales, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.

For Administrative Use Only

Complaint Number: _____ *Date Received:* _____