



CONSUMER AFFAIRS FORM

VIVA MEDICARE • 417 20th Street North, Suite 1100 • Birmingham, AL 35203
Member Services: 205-918-2067 or 1-800-633-1542 (toll-free)
TTY users should dial 711

Hours: Monday – Friday, 8 am to 8 pm (from Oct. 1 to Mar. 31: 8 am to 8 pm, 7 days a week)

This form is provided for you to notify us of any problems you have encountered with VIVA MEDICARE and to make any comments or suggestions you may have for improvement.

Please fill out the form as completely as possible. When you finish, mail the form to VIVA MEDICARE at the address above. If you have any trouble completing this form, please call VIVA MEDICARE at the number above. A staff member will be happy to assist you.

I want to:

- File a Grievance
- File an appeal regarding (select one):
 - Denied Service
 - Denied Claim(s)
 - Date(s) of Service: _____
 - Provider: _____
- Request a Part D Coverage Determination/Exception
- File an appeal for a Part D prescription drug
- Make a suggestion/comment
- Other: _____

Please describe your situation here. Give as many details as possible, especially when filing a grievance or appeal. Attach another piece of paper if more room is needed.

Name: _____ Date: ____/____/____
 Signature: _____ Member Number: _____
 Phone Number: _____