



P.O. Box 8738, Dayton, OH 45401-8738 | CareSource.com/Medicare

CareSource Advantage (HMO) / CareSource Advantage Plus (HMO) Grievance Form

If you have questions or need assistance with this form, please call Member Services at 1-800-418-0172, (TTY 1-800-743-3333 or 711). We are open 8 a.m. – 8 p.m. Monday through Friday, and from Oct. 1 – Feb. 14 we are open the same hours 7 days a week.

Please type or print. You may also report your grievance over the phone. You need to contact us within 60 calendar days from the day when you had the problem.

Member Name:	Telephone Number:
Identification Number:	Provider Name:
Date of Birth:	Date(s) of Service:
Address:	
City, State, and Zip:	
Please state the nature of the grievance. Please give dates, times, persons, places, etc. that are involved. (Attach additional sheets, if necessary.)	
I authorize CareSource to obtain any medical records needed to review my grievance. This approval begins on the date below and stays in effect as long as my request is being reviewed.	
Signature of Member or Authorized Representative*	
Today's Date:	
*Please attach documentation showing your authority to act on behalf of another. This may include a Power of Attorney or Appointment of Representative Form (Form CMS – 1696).	

Submit completed form to:

CareSource Advantage / CareSource Advantage Plus
Attn: Member Appeals
P.O. Box 1432
Dayton, OH 45401-1432
Fax: 1-800-296-1076

CareSource is an HMO with a Medicare contract. Enrollment in CareSource Advantage or CareSource Advantage Plus depends on contract renewal.

P.O. Box 8738, Dayton, OH 45401-8738 | [CareSource.com/Medicare](https://www.caresource.com/Medicare) | 800-833-3239

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