

Member Standardized Appeal Form

Complete Sections I and II of the form entirely, describe the issue(s) in as much detail as possible, and submit it to CareSource. To ensure a decision can be made by CareSource, the following documentation should be submitted with the form:

- Attach copies of any records you wish to submit (do not send originals).
- If you have someone else submit for you, you must give your consent below.

Section I – Member Information	
Member Name:	Date of Birth (mm/dd/yyyy):
Member ID Number:	Member Phone Number:
Member Address:	
Date of Request (mm/dd/yyyy):	Request Type: ☐ Grievance/Complaint ☐ Appeal
Section II – Description of Specific Issue Please state all details relating to your request includ paper to this form if more space is needed.	ding names, dates, and places. Attach another sheet o
y signing below, you agree that the information provi nis form for you, you are giving written consent for the	ided is true and correct. If someone else is completing e person named above to submit on your behalf.

To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include, but are not limited to: oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling 1-800-488-0134; individuals with a hearing impairment may call 711.

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