



An Independent Licensee of the  
Blue Cross and Blue Shield Association

**Mail to:**  
Florida Blue HMO  
Attn: HMO Appeals  
P.O. Box 41609  
Jacksonville, FL 32203-1609

## BlueCare (HMO) Grievance and Appeal Form

I HEREBY request a review of the grievance described below and understand that the receipt of this Grievance Form by Florida Blue HMO constitutes a request for review by Florida Blue HMO. I understand that in order for Florida Blue HMO to review my grievance, they may need medical or other records or information relevant to my grievance. Accordingly, I authorize persons or entities that have any medical or other records or knowledge of me or my dependents to release such information to Florida Blue HMO in order for them to complete its review of my grievance. These persons or entities may include any:

1. Licensed Physician
2. Medical Practitioner
3. Hospital
4. Clinic or other medical or medically-related provider
5. Insurer
6. Employer
7. Other organization, institution or person

I specifically authorize the release of the following records or information if pertinent to my grievance: any and all medical records and information about, associated with, or with reference to:

1. A positive test result for HIV infection
2. ARC
3. AIDS
4. Alcohol or drug dependency
5. Mental and nervous disorders

For questions, please call the Customer Service number on your member ID card.

Date:	Individual's Signature:
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**PLEASE PRINT CLEARLY AND COMPLETE ALL OF THE INFORMATION REQUESTED BELOW:**

Individual's Name:	ID Card Number:
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Address:
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Phone Number:	Employer (if any):
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Group/Plan Number on ID Card:
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Date of Service being appealed: (Use additional sheets, if necessary)
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Condition/Diagnosis: (Use additional sheets, if necessary)
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Please describe the nature of your grievance and any facts you feel should be considered in the review of your grievance: (Use additional sheet(s) if necessary. If the problem involves unpaid bills, please attach a copy of the bill(s) or a completed claim form.)


**Note:** Correspondence will be sent directly to the benefit address we have on file for the member referenced in the appeal.