

VIVA MEDICARE • 417 20th Street North, Suite 1100 • Birmingham, AL 35203

Member Services: 205-918-2067 or 1-800-633-1542

TTY users should call the Alabama Relay Service at 711

Hours: Monday – Friday, 8 am to 8 pm (from Oct. 1 – Feb 14: 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, keep the PINK copy for your records and mail the other copy to VIVA MEDICARE. 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: _____