

Grievance Form

If you wish to file a grievance, please complete this form. If you choose not to complete this form, you may write a letter that includes the information requested below. The completed form or your letter should be mailed to:

Attn: Grievance & Appeals Coordinator
Absolute Total Care
1441 Main Street, Suite 900
Columbia, SC 29201

Fax to 1-866-918-4457 or email to SC_Appeals_And_Grievs@centene.com.

You may also file by phone. Just call the phone number on your member ID card.

Date: _____

Member Name: _____ Member ID no.: _____

Address: _____

Phone no.: _____

Information about the grievance

This information becomes part of the permanent record. Please write clearly. Use extra paper if needed.

Date of Incident: _____

Describe what happened (use extra paper if needed):

Signature: _____ Date: _____