

MEMBER GRIEVANCE FORM

Complete and mail, fax, or email to:

Absolute Total Care

Attention: Grievance and Appeals

100 Center Point Circle

Columbia, SC 29210

Fax: 1-866-918-4457

Email: ATC-Appeals_Grievances@centene.com (Send securely)

You may also call us at 1-866-433-6041 (TTY: 711).

Absolute Total Care will resolve grievances as quickly as possible and within 90 calendar days. If you need more time, or if we need more information and a delay is in your best interest, a 14-calendar-day extension may be granted. If an extension is made to your grievance, we will notify you or your authorized representative as soon as possible by phone and follow up in writing. You can also find more information in your Member Handbook. You may give permission to a provider or someone else to act for you as an authorized representative by completing and submitting the Appointment of Authorized Representative Form to Absolute Total Care. This form must be signed by you or your parent/legal guardian and can be found on our website at absolutetotalcare.com. If you need help filing a grievance, please contact us.

Member Name (First and last): _____

Member ID: _____ Member Date of Birth: _____

Name of Person Submitting Grievance: _____

Relationship to Member (Please choose one): Self Spouse Son/Daughter Legal Guardian

Other: _____

Please provide the following member information:

Phone Number(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Grievance type (Please choose all that apply):

Access to Care/Services (e.g., unable to locate provider in your area)

Absolute Total Care Issue

Provider Issue

