

# Member Complaint Form



***Do you have a complaint? You must put your complaint in writing for Ambetter to send you a written response to your complaint.***

You can use this form or write a letter. Someone can fill the form out for you, but you must sign it with your signature when you submit it to us. Please tell us as much detail as you can. This will help us when we respond to you. We will mail a response within 30 days of getting your complaint.

Please submit this form or your letter by mail or fax to:

**Mailing Address:**  
Ambetter from Superior HealthPlan  
ATTN: Complaints Department  
5900 E. Ben White Blvd. Austin, TX 78741

**Fax:** 1-866-683-5369

## COMPLAINT INFORMATION

Please complete the information below.

**Member First Name:** \_\_\_\_\_ **Member Last Name:** \_\_\_\_\_

**Ambetter Member ID Number:** \_\_\_\_\_

**What is your complaint?**

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**How can Ambetter resolve your issue?**

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**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_