

Complaint And Appeals Form



If you wish to file a grievance/appeal, please contact the Member Help Desk at 800.460.8988. If you do not have access to a phone, you can complete this form or write a letter that includes the information requested below. The completed form or your letter should be mailed to:

Compliance Department
US Script, Inc.
2425 W. Shaw Ave.
Fresno, CA 93711
Or fax to 559.244.3793

Please note: You must provide complete and accurate contact information below so that US Script can contact you to work with you to resolve your issue. Your benefit plan design, including co-payments, prior authorization requirements, and formulary, are all determined by your prescription plan sponsor. If you have a comment or complaint about your benefit plan restrictions, please contact your health plan sponsor.

I. MEMBER INFORMATION		II. PRESCRIPTION PLAN INFORMATION	
Member Name/Provider Name:		Insured's Member ID #:	
Address:		Group #:	
Birth Date:	Phone:	Plan Sponsor:	
III. COMPLAINT INFORMATION			
Complaint Receipt Date:		Time Complaint Received (24-Hour Clock) :	
Complainant's Name/Title:		Complainant's Phone:	
Has this issue been brought to the attention of a US Script employee before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, to whom:			
Nature of Complaint: (Please state all details relating to the incident in question, including names, dates, places, etc. Please attach additional sheets of supporting documentation about your grievance/appeal, if necessary.): 			
IV: INVESTIGATION (THE SECTION BELOW TO BE COMPLETED BY US SCRIPT)			
Findings: (Please provide a detailed summary to include the date and time of findings, contact names and titles, and modes of communication used to investigate, i.e., phone conversation, e-mail, letter, fax, etc. Please attach additional sheets of supporting documentation about your grievance/appeal, if necessary.) 			

Confidential information to be used for investigative & reporting purposes by USS staff only. To be completed and submitted to the USS Compliance Department immediately upon submission by client &/or member.

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Corrective Action: (Please provide dates and times and detailed corrective action plan, if applicable.)

IV. PROCESS DESCRIPTION

US Script has thirty (30) days to acknowledge, investigate, and resolve the complaint after a formal or written complaint is received.

V. MEMBER RIGHT TO APPEAL

Should you disagree with the stated findings and/or corrective action plan, you have the right to appeal the decision. Please submit your appeal in writing to:

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You will receive a letter acknowledging your appeal within five (5) business days of receipt of your appeal request. Following a thorough investigation, you will receive a letter informing you of the final decision for your appeal. You will receive an explanation regarding the criteria used in the decision-making process regarding the outcome of your appeal.

US Script has thirty (30) calendar days to complete the appeal process after receipt of the request for appeal.