Washington State Rx Services
P.O. Box 40168 Portland, OR 97240-0168
THE ODS COMPANIES

Return this form by Mail or Fax:
Washington State Rx Services
Attn: Appeals
PO Box 40168
Portland, OR 97240-0168
Fax: 1-866-923-0412

Washington State Rx Services
Complaint and Appeal Form

Name of Person Filing Complaint/Appeal (Telephone#

Address City State Zip

10008217

Member Name Patient Name Member's ID# Group#

Name of Provider Involved Address (Telephone#

Name of Provider Involved Address (Telephone#

Date(s) of Service

Please type or write your complaint or appeal in the space below and on the back of this page. Attach additional pages if needed. You may include any document such as explanation of benefits (EOBs), correspondence, or invoices which will help us investigate your complaint or appeal. Please sign and date this form.

Signature:_____ Date:_____

Upon receipt of your complaint or appeal, Washington State Rx Services will mail you an acknowledgement letter.

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Name of person filing Complaint/Appeal