

Complaint Form



The member, person acting on behalf of the member or the member's provider needs to complete this form and return it to us for prompt resolution of the complaint. Include as much information as you can.

Member name:	Member ID number: <i>Note:</i> this number is located on your ID card
Address:	

If you are filing a complaint on behalf of the person named above, complete the following information:

Are you acting on behalf of the member or are you the member's legal guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Your name:	Relationship to member:

If applicable, please give us the following information about the complaint:

Case number:	
Provider(s):	
Date(s) of service:	
Claim number(s):	

Why are you filing the complaint? Please include additional pages if you need more room. You can also include documents to support the complaint with this form.

Signature: _____ Date: _____

Return the completed form to:
Member Services
Wellpoint
P.O. BOX 9041
Oxnard, CA 93031