

Complaints, Grievances and Appeals Form

Date:	Time:

Section A: Information

Who is making the request?

Beneficiary
 Beneficiary's Guardian
 Authorized Representative
 Other:

Print Name

Telephone Number
 Other Telephone Number

Contract Number
 PMG Number

Address

City
 Zip Code

Section B: Issue Description (if the applicant is not the beneficiary please include name). If you need additional space, please use the back side of this form.

Was additional information included in the application?
 Yes
 No

If you selected Yes, please describe the documentation included:

Beneficiary or Representative Signature

Section C: For Official Use of First Medical

Service Officer's Name	Office or Department	Grievances and Appeals Stamp

Select the request type
 Complaint
 Grievance
 Appeal

Please be sure to complete all form fields. Once all is done you can deliver it through any of our Service Offices, send it by fax at 787-300-3931 or by mail at:

First Medical Health Plan, Inc.
Grievances and Appeals Department- FM Vital
PO Box 195079
San Juan, PR 00919-5079

If you need additional space for the Issue Description (Section B), please use this space:

If you have any questions, please contact our Customer Service Department at 1-844-347-7800 Monday through Friday from 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-844-347-7805. You can also visit our Service Offices, Monday through Friday from 8:00 a.m. to 5:00 p.m., or access our webpage at www.firstmedicalvital.com.

The Customer Services Department offers free language interpreter services and Sign Language. This includes, services in alternate formats such as; Braille, large print, and translation to other languages, verbally or written, amongst others. If you need plan information in another format or language, please contact our Customer Service Department at the number listed above.

El Departamento de Servicio al Cliente ofrece servicios de intérprete de idiomas y Lenguaje de Señas libre de costo. Esto incluye, servicio de formatos alternos tales como; Braille, letra agrandada y traducción a otros idiomas, verbal o escrito, entre otros. Si usted necesita información del plan en otro formato o lenguaje por favor comuníquese con nuestro Departamento de Servicio al Cliente al número que aparece anteriormente.