



Wellcare No Premium Medicare (HMO)
Wellcare Giveback Medicare (HMO)

Member Complaint Form

Complete and mail or fax to
Wellcare By Allwell
Appeals & Grievances/Medicare Operations
7700 Forsyth Blvd | St. Louis, MO 63105
Fax: 1-844-273-2671

Wellcare By Allwell will have a resolution to your complaint no later than 30 days after your submission. If we need more information and the delay is in your best interest or if you ask for more time, we can take up to 14 more calendar days (44 calendar days total) to answer your complaint. However, if we take this extension, we will notify you or your representative. We can usually help you right away or at the most within a few days. If you are making a complaint because we denied your request for a “fast coverage decision” or a “fast appeal”, we will automatically give you a “fast” complaint. If you have a “fast” complaint, it means we will give you an answer within 24 hours.

If you need any help, please call us at 1-844-890-2326 (TTY: **711**). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. You can also visit www.Wellcare.com/allwellGA.

Member’s Name (First and Last): _____

Medicare ID Number: _____ Member Date of Birth: _____

Relationship to Member *(please choose one): Self Parent Legal Guardian Spouse

Other: _____

**If other than “Self” is selected, proof of guardianship, power of attorney or an Appointment of Representative (AOR) form will be required. The AOR form can be found on our website.*

Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Provider: _____

Complaint Type (please choose one):

- Access
- Service Request
- Claims Payment Issue
- Appeals
- Benefits
- Prescription Drug Request or Issue/Coverage Determination & Redetermination Process
- Customer Service
- Enrollment & Disenrollment
- Fraud & Abuse
- Marketing
- Privacy Issues
- Quality of Care

Is this complaint about your medications? (Please choose one): Yes No

If you answered YES above, do you have enough supply for the next 7 days? (Please choose one):

Yes No

What is your complaint?

How can Wellcare help resolve your issue?

What is the best way to reach you regarding this complaint? (Please choose one): Phone Email
 Other _____

Please provide further contact information (i.e. phone number, email address, etc).

For Administrative Use Only

Complaint Number: _____ *Date Received:* _____