



Cigna Healthcare of Illinois HMO
Customer Grievance Form

This form should only be used when you have a complaint concerning your plan and/or aspect of the Cigna HMO. It is not to be used to appeal a denial of coverage for a specific service. Your Grievance will be reviewed by a Committee panel within 60 calendar days. You may participate in the Committee review. We will provide notice of the Committee review time and date.

Date Form Completed: _____

Claim Number | Call Number | Complaint Number | Appeal Case Number |:

(applicable only if related to our handling of: claim, call, complaint or appeal)

Customer ID: _____

Customer Name: _____

(Print)

Address:

(Street)

Address:

(City)

(State)

(Zip Code)

The questions below are to be answered by the person making the complaint or by a person acting with the knowledge and consent of the person making the complaint.

- 1. What was the date of service, date of the incident or when your issue occurred? _____
2. Was the incident/issue related to one of the following? (Please check all that apply)
[] Provider Network | [] Customer Service/Call | [] Claim Handling | [] Complaint Handling | [] Appeal Handling
[] Quality of Service [] Quality of Care [] Other
3. State the incident/issue that prompted this grievance (please be as detailed as possible).

*Signature of enrollee filing grievance (Required): _____

*By signing, you are giving Cigna permission to disclose the patient's name and details of the complaint to the Provider or facility/vendor to facilitate the investigation.

Print name of enrollee filing grievance: _____

Signature of person filling out the form (if other than the enrollee) _____

Print name of person filling out the form (if other than the enrollee) _____



Additional Information

Cigna's Illinois HMO Grievance Process consists of a Committee Panel review for resolving complaints regarding any matter besides a service that has been denied, reduced or ended. **Grievances are reviewed by the Committee panel within 60 calendar days.**

Some Grievance Examples include:

- General Complaints:
 - Cigna Healthcare's employee did not respect the customer's rights or was rude
 - The Benefits of your HMO plan.
 - Cigna Healthcare's handling of the benefit of the HMO plan
 - The network of Providers the HMO offers
- Quality of Service Complaints – An expression of dissatisfaction regarding the quality of service provided by the provider or facility
- Quality of Care Complaints – An expression of dissatisfaction regarding the quality of care provided by the provider or facility

The Cigna Healthcare of Illinois HMO Customer Grievance Form must be signed by the enrollee/patient and submitted for your Grievance review to proceed.

It is important for you to provide as much detail as possible regarding your complaint for a proper investigation to occur.

If your complaint involves the Care or Service provided by a treating doctor or facility, the doctor or facility name will be needed for a proper investigation to occur.

You also can call Customer Service at the number on your ID card. An associate is available to help you 24 hours a day, seven days a week.