BlueCross BlueShield of Tennessee
www.bcbst.com

BlueAdvantage/BlueAdvantage*Plus* Member Grievance Form - Confidential -

Call: 1-800-841-7434 for assistance in completing this form.
1-888-423-9490 TTY (For Hearing Impaired)
Monday - Friday, 8 a.m. to 5 p.m. Eastern Time

TO: BlueCross BlueShield of Tennessee
Attention: Medicare Advantage Grievance Coordinator
P.O. Box 180205
Chattanooga, TN 37402-7205

FROM: Member's Name: _____ (First) _____ (Last) ____ (MI)

Member Identification No.: _____

Telephone No.: (____) _____

Address: _____ (Street Number and Name)

_____ (City) _____ (County) ____ (State) _____ (Zip Code)

Description of the Grievance (Please use additional pages as needed):

_____ Signature of Member **OR** _____ Date

_____ Beneficiary/Guardian Signature _____ Date

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