



**APPOINTMENT ASSISTANCE REQUEST FORM**

<b>First Name:</b>	
<b>Last Name:</b>	
<b>Member ID #:</b>	
<b>Best phone number to reach you:</b>	
<b>Your email address:</b>	

<p><b>What type of provider or specialist do you need?</b>  <b>If you want an appointment with a specific provider, please give their first and last name.</b></p>	
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<b>Please provide your location (the address where you are currently living):</b>	
<b>Do you need help arranging transportation for health care visits?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Have you already contacted us to ask for help making an appointment?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, please give the date you contacted &lt;Member Services/Customer Service&gt;.</b>	<b>Date:</b>

<p><b>You can make a formal complaint. This is also called “filing a grievance.” If you want to file a grievance, check the box to the right.</b></p>	<input type="checkbox"/> <b>I want to file a grievance.</b>
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