

CONSENT FOR PROVIDER TO FILE A GRIEVANCE FOR MEMBER

Provider Name	Provider Plan ID Number
Provider Address	
Description of Specific Service or Item for which I agree the Provider Can File a Grievance	Name and Address Where Grievance Will Be Filed 444 Liberty Ave, Suite 2100 Pittsburgh, PA 15222

Name of Member	Member's Date of Birth
Member ID No.	
Member Mailing Address	
Member Daytime Telephone Number	Member Evening Telephone Number

I, _____, agree that _____ can file a Grievance for me with **Highmark Wholecare** about the service or item described above. By signing this consent form, I understand the following:

1. I or my representative may not file a Grievance about the service or item listed in this consent form unless I or my representative takes back my consent in writing. I have the right to take back my consent at any time during the Grievance process



by telling Highmark Wholecare and _____ in writing that I do
not want _____ to continue the Grievance process for me.

2. My consent to have the Provider file the Grievance for me will automatically no longer be in effect if the Provider does not file a Grievance or does not continue with the Grievance through the end of the Grievance review process.
3. I or my representative has read, or has been read, this consent form, and have had it explained to me until I understand it. I or my representative understands the information in this consent form.

Signature of Member or Representative

Date

Witness Signature

Date

Print Witness Name

If the Member is unable to sign this Consent Form because the Member is legally incompetent:

Name of Person Signing on Behalf of Member

Address of Person Signing on Behalf of Member

Relationship of Person Signing to Member