HealthPartners
MEMBER SERVICES DEPARTMENT
P.O. BOX 1309
MINNEAPOLIS, MN 55440-1309
Telephone: (952) 883-5000
Fax: (952) 883-5666

We want to help answer your questions or resolve any problems you may have. To assist us in this process, please complete this form and return it to us at the address listed above. We will send you written notice of the outcome of our review within 30 days after you return this form to us.

Fully-insured plan members may also contact the Commissioner of Health's office at (651) 282-5600 or 1-800-657-3916 for concerns about HMO benefits; or the Commissioner of Commerce's office at (651) 296-2488 or 1-800-657-3602 for questions about insurance benefits.

Your Name: _____ Regarding (if other than yourself): _____
Street: _____ City: _____ State:_____ Zip: _____
Member #: _____ Employer Group: _____ Phone Number:_____

NARRATIVE DESCRIPTION OF CONCERN/QUESTION: Please be as specific as possible. Include names of person(s) involved, clinic locations, date(s) of incident(s) and a description of your question/concern. Attach any documentation you may have to support your point of view. Use additional pages if needed.

Member Signature: _____ Date: _____