

- Had important records destroyed in an accident.
- Could not locate documentation within the time limits.
- Had incorrect or incomplete information about the reconsideration/grievance process.
- Lacked the capacity to understand the timeframe for filing a request for reconsideration or grievance.

If your request is beyond the 60 day time period, please explain the reason for the delay.

III. Please review and check one of the following boxes:

I hereby authorize HealthPartners to fully investigate this complaint in accordance with State and Federal guidelines. To facilitate this investigation, I hereby authorize the release of all information relating to this complaint (including all applicable billing and medical records). I understand that in the course of the review, HealthPartners may contact the providers involved to help resolve my complaint. This authorization is valid from the date signed until this complaint is fully resolved.

- I agree to allow HealthPartners to share my complaint with the providers involved.
- I do not want HealthPartners to share my complaint with the providers involved. I understand this will limit HealthPartners' ability to resolve this complaint.

Member or Representative Signature
(If someone other than the member is signing,
please attach an Appointment of Representative
form or other legal documentation)

Date

If you have any questions or need help completing this form, please call Member Services. For HealthPartners Freedom Plan (Cost) members, please call 952-883-7979 or toll-free at 1-800-233-9645. For HealthPartners Classic Plan (HMO) members, the phone numbers are 952-883-7676 or toll-free at 1-866-233-8734. If you use a text telephone, please call our TTY line at 952-883-6060 or toll-free at 1-800-443-0156. Our office hours are 8 a.m. to 6 p.m., Monday through Friday for general questions and 8 a.m. to 8 p.m., everyday for questions about Medicare Part D coverage.