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APWU HEALTH PLAN

How to file a suggestion, appeal, complaint or grievance

You have the right to file a suggestion, appeal, complaint or grievance about:

- APWU Health Plan
- A health care service
- A health care provider or professional

All suggestions are shared with the appropriate staff and departments. All complaints are investigated and resolved by the Member Service Representative. Your provider can file a complaint for you if you give the provider your consent in writing to do so.

How to file a complaint:	**Contact:**	**Response Timeframe:**
By Phone	Call 1-800-222-APWU (2798)	2-5 business days
By Email	custserv@apwuhp.com	5 business days
By Mail	APWU Health Plan P O Box 1358 Glen Burnie, Maryland 21060	5 business days

- If your complaint is regarding medical care or treatment that is urgent and requires an expedited response, please follow the directions below:

How to file an urgent or expedited appeal/complaint:	**Mailing Address**	**Response Timeframe**
High Option and Consumer Driven Option	APWU Health Plan P O Box 1358 Glen Burnie, Maryland 21060	Urgent/Expedited Pre-Service Claim: 72 Hours Pre-Service Claim: 15 business days Post-Service Claim: 30 business days

Pre-service claim- is a claim requiring pre-approval as a condition of coverage.

Post service claim – is a claim for services that has already been provided.

Members (or his/her designee) have the right to file a grievance or appeal when they disagree with APWU Health's decision not to authorize services or not to pay for a claim.

Appeals must be received in writing and submitted within 180 days of the original claim determination. Additional information on the appeals process may be found on our website at www.apwuhp.com or in the official Health Plan brochure, Section 8.

Your comments and suggestions are important to us as we strive to improve the quality of service and care we provide to our members.