

21.3

Sierra Health and Life

COMPLAINT FORM

Member/Insured Name: _____

Member Number: _____ **Date of Birth:** _____

Description of the issue/concern (please include date(s), any known names of individuals involved; name of facility, if applicable):

Signature

Date

(If signed, a written response will be submitted to the member/insured)

WHEN COMPLETED, THIS FORM SHOULD BE SUBMITTED TO:

COMPANY NAME: Sierra Health and Life
DEPARTMENT: Customer Response and Resolution Department
MAILING ADDRESS: P.O. Box 14865
Las Vegas, NV 89114-4865

As always, the Member Services Department can be contacted directly by telephone at the following numbers:

SIERRA HEALTH AND LIFE: (702) 242-7700 or (800) 888-2264