



SIERRA HEALTH AND LIFE  
A UnitedHealthcare Company

**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