

TO:

Windsor Rx
Attention: Grievance & Appeals Department
7100 Commerce Way, Suite 285
Brentwood, TN 37027

Fax: 615-782-7828

FROM:

First Name: _____ MI: _____ Last Name: _____

Member Identification Number: _____

Telephone Number: (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Description of the service/item/prescription in question (If applicable): _____

Description of your grievance and/or appeal (Please use additional pages as needed): _____

Signature of Member or Representative*

Date

*If someone other than the member is requesting the grievance/appeal, please include an Appointment of Representative form or other legal papers supporting that person's status as the member's authorized representative.

Call: 1-800-264-1587 for assistance in completing this form or if you have any questions (TTY users, please call 711), 7 days a week, 8 a.m. to 8 p.m.