

Member ID #: _____

Member's Last Name		First Name	Middle Initial
Address (Number, Street, Apt.)		City	State
			Zip Code
Telephone (Home)	(Business)	(Cell)	Today's Date
Email Address (optional)		Member's Signature	

If you are filing an appeal or complaint on behalf of another person who is enrolled in one of our Medicare Prescription Drug Plans (PDP), complete the information below and provide a completed CMS Form 1696–Appointed Representative form or provide appropriate legal papers supporting your status as the member's authorized representative. Your appeal or complaint will not be reviewed until the appropriate documentation supporting your status as the authorized representative is received.

Your Last Name		First Name	Middle Initial
Address (Number, Street, Apt.)		City	State
			Zip Code
Telephone (Home)	(Business)	(Cell)	Today's Date
Email Address (optional)		Signature	

Continued on next page.

Send this completed form (and any additional documentation) to:

Mail: Benefit Administration
511 Farber Lakes Drive
Buffalo, NY 14221

Fax: (716) 580-5264

Email: pbdmedicare servicing@pbdrx.com

Language Assistance Services

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-667-5936 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-667-5936 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-667-5936 (TTY : 711) 。
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-667-5936 (телетайп: 711).
French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-667-5936 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-667-5936 (TTY: 711) 번으로 전화해 주십시오.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-667-5936 (TTY: 711).
Farsi	نوچە: اگر بە زبان نارسى گۆنگۆ مى کۆنید، ئسەىالت زبازى بصورت رایگان براى شما فرامە مى باشد. با 1-800-667-5936 (TTY: 711) تماس بگىرید.
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-667-5936 (TTY: 711).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-667-5936 (TTY: 711).
Arabic	ب. ال م جان لك ن. نوانا ر ال لغوية الام ساعدة خدماتنا إن ال لغوة، اذكرك ن. نحدثك زت إذا: م لحوظة (711): نوال باكم ال صم هل فرؤ م) 1-800-667-5936 براك صرل
French	ATTENTION : Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-667-5936 (TTY : 711).
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-667-5936 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-667-5936 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-667-5936 (TTY: 711) まで、お電話にてご連絡ください。
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-667-5936 (TTY: 711).

**Pharmacy
Benefit
Dimensions®**

Discrimination is Against the Law

Pharmacy Benefit Dimensions is a subsidiary of Independent Health and complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Pharmacy Benefit Dimensions does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Pharmacy Benefit Dimensions:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Pharmacy Benefit Dimensions' Member Services Department.

If you believe that Pharmacy Benefit Dimensions has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Pharmacy Benefit Dimensions' Member Services Department, P.O. Box 1642, Buffalo, NY 14231, 1-800-667-5936, TTY users call 711, fax (716) 250-7163, PBDMedicareservicing@pbdrx.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Pharmacy Benefit Dimensions' Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.