

Self-Funded Member Complaint Form

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 a complaint on behalf of another person, complete the information below. If the member has designated you as an authorized representative, provide a completed HIPAA authorization form or provide appropriate legal papers supporting your status as the member's designated representative. Your complaint will not be reviewed until the appropriate documentation supporting your status as the designated 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.

If you are the member's treating physician, please complete the following information and sign the acknowledgment below indicating the member has been given the appropriate notice.

Physician's Last Name	First Name	Middle Initial
Practice Name and Address (Number, Street, Apt.)	City	State Zip Code
Telephone (Business)	Today's Date	
Physician ID #	Physician Signature	

For more information, please contact Pharmacy Benefit Dimensions Member Services Department at:
(716) 635-7880 or 1-888-878-9172 (TTY: 711)
Monday – Friday, 8 a.m. – 11 p.m. ET

This Section Must Be Completed Provide All Details Below

Date(s) of Service(s)	Provider(s) Involved
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Brief Description of Complaint:
(If additional space is needed, attach additional information.)

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

Mail: PBD Servicing
511 Farber Lakes Drive
Buffalo, NY 14221

Fax: (716) 250-7153
Email: servicing@pbdrx.com

Language Assistance Services

English	We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-667-5936. Someone who speaks English/Language can help you. This is a free service.
Spanish	Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-667-5936. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.
Chinese Mandarin	我們提供免費的翻譯服務，幫助您解答關於健康或藥物保險的任何疑問。如果您需要此翻譯服務，請致電 1-800-667-5936。我們的中文工作人員很樂意幫助您。這是一項免費服務。
Chinese Cantonese	您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-667-5936。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。
Tagalog	Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-667-5936. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.
French	Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-667-5936. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.
Vietnamese	Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-667-5936 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.
German	Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-667-5936. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.
Korean	당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-667-5936번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.
Russian	Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-667-5936. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.
Arabic	إننا نقدم خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحظوظ يرجى الاتصال فوراً بخدماتنا على 1-800-667-5936. نحن نقدم خدماتنا مجاناً. يتحدث اللغة العربية مساعدتنا.
Hindi	हमारे पास या दवा की योजना के बारे में आपके किसी भी सवाल का जवाब देने के लिए हमारे पास दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया की मदद के लिए, बस हम 1-800-667-5936 पर फोन कर। कोई भी जो हिंदी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian	È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-667-5936. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.
Portuguese	Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-667-5936. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.
French Creole	Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-667-5936. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.
Polish	Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-667-5936. Ta usługa jest bezpłatna.
Japanese	当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-667-5936にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Pharmacy
Benefit
Dimensions®**

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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>.