

COMPLAINT FORM



WYOMING

Purpose: This form is used for an Individual to lodge a complaint about BCBSWY's privacy practices or compliance.

To the Individual

You have the right to file a complaint with Blue Cross Blue Shield of Wyoming (BCBSWY) about its privacy practices or its compliance with its *Notice of Privacy Practices*, its HIPAA Privacy Policies and Procedures, or federal or state privacy laws. BCBSWY will investigate your complaint and provide you with a written response. BCBSWY will not require you to waive any right you may have under federal or state privacy or other law to file your complaint, nor will filing your complaint adversely affect your enrollment in BCBSWY's Health Plan, your eligibility for benefits under BCBSWY's Health Plan, or BCBSWY's Payment of your claims under BCBSWY's Health Plan. To exercise this right to file a Complaint, please complete, sign and date Sections A and B below, then submit this Complaint to BCBSWY at:

Blue Cross Blue Shield of Wyoming
Care of: Compliance Officer
4000 House Avenue
Cheyenne, WY 82001
(307) 432-2816/ (307) 632-1654 (fax)

If you have questions, need additional information or assistance in completing your Complaint, please contact BCBSWY at the above location. You may, in addition or in the alternative to filing a complaint with BCBSWY, file a complaint with the United States Department of Health and Human Services. For information on the procedures for doing that, please contact BCBSWY at the above location.

SECTION A: Individual lodging complaint

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Subscriber Number: _____ Social Security Number: _____

SECTION B: Individual's complaint

Please give a concise statement of your complaint:

Please give a concise statement of the resolution you seek for your complaint:

SECTION C: Individual's Signature

I certify that the statements made in this Complaint are true and correct to the best of my information and belief.

Signature Date

Printed Name

Mailing Address

Telephone Number Email

If this complaint is lodged by a Personal Representative on behalf of the Individual, complete the following:

Personal Representative's Name

Relationship to Individual

YOU ARE ENTITLED TO A COPY OF THIS COMPLAINT

Form Submission Instructions

Steps for returning a completed form may depend on whether you obtained the form online, received it by email or through another means. Please read the instructions below to decide which submission method suits you best. If the form specifies a preferred method, please follow those directions instead.

Online: Download the form and fill it out in the free Adobe Reader (get.adobe.com/reader) or fill out the form online if that option exists and then download it to your device. Save the completed form to your computer or device.

Submission:

BY MAIL – Print and mail the completed form to:
Blue Cross Blue Shield of Wyoming, PO Box 2266, Cheyenne, WY 82003.

BY EMAIL – Send the form and any required documentation as attachments to a BCBSWY email address, if one is provided.

BY SECURE UPLOAD – Follow the directions below to securely upload your form at Member.YourWyoBlue.com (member.yourwyoblue.com). Click the link or scan the QR code.

After logging in to your Member.YourWyoBlue.com account:

STEP 1
Click on the **Support** button on the menu bar. Scroll down and select **Send a Message**.

STEP 2
Select the plan the form applies to from the list in the panel. Click **Continue**.

STEP 3
Select General–Other as the **Topic**.

STEP 4
Fill in **Callback Preferences** (*Phone number, *Best time to call, and *May we leave a message...?).

STEP 5
Type any message in the **Message** box.

STEP 6
Click on the paperclip icon next to message box to attach a completed form from its location on your device.

STEP 7
Click on the **Send** button to send your message and upload your saved form securely.

