Member Complaint Process

Your concerns are important to us. If you have a complaint, please contact our Customer Care team at 605-322-4545 or call toll-free at 1-888-322-2115, 8 a.m. to 5 p.m. CT, Monday through Friday. If your situation is not resolved to your satisfaction, you may file a formal complaint.

To file a formal complaint, please complete the Member Complaint Form or submit your complaint in writing to the address below. **You may attach documents including any evidence to support your complaint.** When received, Avera Health Plans will thoroughly review the complaint based on our internal policy and provide you a written resolution within 30 calendar days.

Email the completed Member Complaint Form
and your supporting documents to
ComplaintAppeals@AveraHealthPlans.com
or mail to the following address:

Avera Health Plans
Attention: Complaint and Appeals Coordinator
5300 S Broadband Ln
Sioux Falls, SD 57108-2221

You have the right, at any time throughout this process, to submit your complaint to the appropriate regulatory agency in the state where the subscriber is employed. For members who work and receive their health insurance from employers located in South Dakota, call 605-773-3563; for Iowa, call 515-281-6348 and for Nebraska, call 402-471-2201.

Avera Health Plans

Member Complaint Form

Member ID Number: _____

Member Name: _____

Member Date of Birth: _____

Subscriber Name: _____

Date(s) of Service: _____

Provider/Facility Name: _____

Has this issue been brought to the attention of an Avera Health Plans employee before?

☐ Yes If yes, to whom and when? _____

☐ No

Please provide an explanation of your complaint and attach any additional documents that support your complaint.

_____

_____

_____

_____

Are supporting documents attached? ☐ Yes ☐ No

What is your expected resolution?

_____

_____

_____

After completing the above answers, please print the document and sign below.
Reminder: Enclose all supporting documents.

_____ _____

Signature of Member Date