BlueCross BlueShield of Florida

ACA Section 1557 Discrimination Grievance Form

Mail to: Blue Cross and Blue Shield of Florida
Birmingham Service Center
1557 Grievance Coordinator
450 Riverchase Parkway East
Birmingham, AL 35244

Email to: Grievance1557@ExploreMyPlan.com

Information about you:

Name _____

Street Address _____

City _____ State _____ ZIP _____

Telephone number(s) _____ _____

E-mail address (if available) _____

Information regarding the person, agency or organization you believe discriminated against you:

Name _____

Street Address _____

City _____ State _____ ZIP _____

Telephone number(s) _____ _____

Brief description of what happened, including how, why, and when you believe your (or someone else's) civil rights were violated:

Blue Cross and Blue Shield of Florida is an independent licensee of the Blue Cross and Blue Shield Association.

Any other relevant information

Your signature and date of complaint

Signature _____ Date _____

Name of the person on whose behalf you are filing
(if you are filing a complaint for someone else) _____

Information you may also include:

- Any special accommodations for us to communicate with you about this complaint
- Contact information for someone who can help us reach you if we cannot reach you directly
- If you have filed your complaint somewhere else and where you've filed