



Member Grievance Form

This form is to be used by members and/or their authorized representative to submit a standard grievance. For expedited grievances, please call 434-947-4463.

If you are dissatisfied with the service provided to you by Piedmont or your provider, you may choose to file a complaint, also known as a grievance. Grievances may be submitted by calling 434-947-4463 or by sending a letter or a completed grievance form using one of the following methods:

Email: appeals@pchp.net

Fax: 434-947-4465

Mail/Delivery: Piedmont Community Health Plan

Appeal Department

1920 Atherholt Road

Lynchburg, Virginia 24501

Within 30 days of receiving your written grievance, Piedmont will respond in writing with a decision and rationale behind it.

If you are not a Piedmont member, but are authorized to represent a Piedmont member, please submit an Appointment of Representative Form (AOR), found on Piedmont's website. This form documents the member's permission for someone to act on behalf of the member. Should you need help locating the AOR form, please contact Piedmont's Customer Service at 434-947-4463.

Member Name:

Member Date of Birth:

Member ID Number:

Contact Phone Number:

Provider/Facility Name:

Date of Service:

Provide a written summary including specific details of your grievance in the space below.

Member or Authorized Representative Signature:

Date: