

TEMPLATE G(20)

CONSENT FOR PROVIDER TO FILE A GRIEVANCE FOR PARTICIPANT

Provider Name	Provider Plan ID Number
Provider Address	Name and Address of CHC-MCO Where Grievance Will Be Filed
Description of Specific Service or Item for which I agree the Provider Can File a Grievance	

Name of Participant	Participant's Date of Birth
Participant ID No.	Participant Daytime Telephone Number
Participant Mailing Address	Participant Evening Telephone Number

I, **[Name of Participant]**, agree that **[Name of Provider]** can file a Grievance for me with **[CHC-MCO]** about the service or item described above.

By signing this consent form, I understand the following:

1. I or my representative may not file a Grievance about the service or item listed in this consent form unless I or my representative takes back my consent in writing. I have the right to take back my consent at any time during the Grievance process by telling **[CHC-MCO Name]** and **[Name of Provider]** in writing that I do not want **[Name of Provider]** to continue the Grievance process for me.

2. My consent to have the Provider file the Grievance for me will automatically no longer be in effect if the Provider does not file a Grievance or does not continue with the Grievance through the end of the Grievance review process.
3. I or my representative has read, or has been read, this consent form, and have had it explained to me until I understand it. I or my representative understands the information in this consent form.

Signature of Participant or Representative

Date

Witness Signature

Date

Print Witness Name

If the Participant is unable to sign this Consent Form because the Participant is legally incompetent:

Name of Person Signing on Behalf of Participant

Address of Person Signing on Behalf of Participant

Relationship of Person Signing to Participant