

Privacy Complaint Form

Contact Information: (Individual filing the complaint)			
Name:(First, Middle, Last)	Date of Birth:	(Month/Day/Year)	
Address:	ity	State	Zip Code
Telephone Number: (including area code)	,		•
If a member, provide Member ID# or Medicaid ID#:			
If a member of a Group Plan, provide Subscriber/Employee's Name: _			
Employer Name:	Group Plan#:		
In order for us to fully review your concerns, please provide us with a your concern. If you require more space than is provided below to exprequired. If you have specific documentation you wish to submit, ple	olain your concern, please attac	h any additi	
If additional or clarifying information is determined to be necessary af we will contact you requesting such information. If you prefer to be above, please provide your preferred contact information. Print Name: Signature:	contacted at information difference	ent from tha	t provided
Please send this form to: Avēsis, LLC.			

Avēsis, LLC.
Privacy Office
1295 W. Washington Street, Suite 212
Tempe, AZ 85281
privacyoffice@Avesis.com

AV-014371 (REV 11/24)