

Medica Advantage SolutionSM (PFFS) Complaint Form
Medica Clear SolutionSM (PPO) Complaint Form

Dear Member:

The purpose of this form is to help you register a concern you expressed when you called Medica Customer Service recently. Please outline your concern below (attach additional pages if necessary):

If your complaint relates to services not covered by Medicare, Medica will respond within 30 days of receipt.

If you have any further questions, please contact Medica's Center for Healthy Aging at 952-992-2300 or toll-free at 1-800-234-8755 between 8 a.m. and 8 p.m., CST, seven days a week. TTY users may call the National Relay Center toll-free at 1-800-855-2880 and ask for 1-800-234-8755. Please note access to a representative is limited on the weekends/holidays during certain times of the year. This form should be mailed to:

Medica Customer Service
Route CP320, P.O. Box 9310
Minneapolis, MN 55440-9310

Member Signature

Date

Member Name (Print)

Medica ID #