

Select SolutionSM 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):

Multiple horizontal lines for writing a complaint.

Medica will provide written notice to you within 30 calendar days from receipt of your complaint. If Medica cannot make a decision within 30 calendar days due to circumstances outside of its control, Medica may take up to an additional 14 calendar days to notify you. Medica will inform you in advance of such an extension. If you are not satisfied with Medica’s initial decision, you may request a written reconsideration or a hearing. If you are a Minnesota resident, you also have the right at any time to notify the Commissioner of the Department of Commerce at 651-539-1500 or 1-800-657-3602. This process is outlined in your Policy/Certificate of Coverage.

If you have any further questions, please contact Medica Customer Service at 952-992-2300 or 1-800-234-8755 between 8 a.m. and 8 p.m. Central, seven days a week. TTY users may call 711. 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#