

Member Escalation Request Form

1. This form is for escalated member issues only.
To escalate, your **member must have attempted to contact Member Services** to attempt resolution, but the issue was not resolved.
2. No part of this form should be filled out by the member because this form is **not approved for member use**. This form must be filled out on behalf of the member.
3. **Complete all fields** to ensure timely processing of the request. Missing information will delay escalation of the issue.
4. Save and send the form to your sales leader/upline/supervisor for submission once complete.
5. To ensure the privacy of our members, destroy this form in a secure manner after it has been submitted. This form must be emailed using Secure Delivery if the submitter is not a UnitedHealthcare employee.

Agent Information

(Writing Agent information if known)

Agent Name: _____ Agent ID: _____

Agent Phone: _____ Agent Email: _____

Preferred Contact Method: _____

Preferred Time to Contact the Agent: _____

Member Information

Include name and two of the following: date of birth, Medicare number, member number, or complete address

Member Name: _____

Member ID or Medicare ID: _____

Member Date of Birth: _____

Member Street Address: _____

City: _____ State: _____ Zip Code: _____

Member Telephone Number: _____

Preferred Time to Contact the Member: _____

*Please advise member to expect a call within 24-48 business hours from **area code 336** if they have caller ID available.

Member Email (optional): _____

Member Plan: _____

Provider Name (optional): _____

Provider Type (optional): _____

Person Submitting Request form: _____

Email of Person Submitting Request form: _____

Please include any information important to the request. When complete, please email (Non-employees must use Secure Delivery) to your sales leader/supervisor for escalation.