www.myamerigroup.com



Member Complaint Form

Please complete and sign this form. Return it to Amerigroup in the enclosed postage-paid envelope. You must send us this form so that we can review your complaint. We will look into your concerns and let you know what we find.

Please call Amerigroup if you need help completing this form. Call Member Services toll-free at 1-800-600-4441. If you are deaf or hard of hearing, call 711.

Member Name:	
Amerigroup Member ID #:	
Medicaid or CHIP ID #:	
Date of Birth:	

Tell us about your complaint (please give dates and names; use extra paper, if needed):

Your Signature: Date: