



**BlueCross BlueShield  
of Florida**

## ACA Section 1557 Discrimination Grievance Form

**Mail to:** Blue Cross and Blue Shield of Florida  
Birmingham Service Center  
1557 Grievance Coordinator  
450 Riverchase Parkway East  
Birmingham, AL 35244

**Email to:** [Grievance1557@ExploreMyPlan.com](mailto:Grievance1557@ExploreMyPlan.com)

### Information about you:

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone number(s) \_\_\_\_\_  
E-mail address (if available) \_\_\_\_\_

### Information regarding the person, agency or organization you believe discriminated against you:

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone number(s) \_\_\_\_\_

Brief description of what happened, including how, why, and when you believe your (or someone else's) civil rights were violated:

450 Riverchase Parkway East PO Box 10527 Birmingham, AL 35298-0001  
Phone: 205-220-2604 (TTY 711) FAX: 205-220-2984

Blue Cross and Blue Shield of Florida is an independent licensee of the Blue Cross and Blue Shield Association.

Any other relevant information

Your signature and date of complaint

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of the person on whose behalf you are filing  
(if you are filing a complaint for someone else) \_\_\_\_\_

**Information you may also include:**

- Any special accommodations for us to communicate with you about this complaint
- Contact information for someone who can help us reach you if we cannot reach you directly
- If you have filed your complaint somewhere else and where you've filed