

I understand that if the Gift of Life administrative representative was unable to resolve this Grievance, it is forwarded to the Grievance Committee for Level II review and resolution within fifteen (15) working days or 48 hours for grievances of an urgent nature (receipt of the grievance by the Gift of Life to notification of the resolution to the grievant).

LEVEL II REVIEW:

The above grievance has been forwarded on _____(date) to the Gift of Life Maternity Care Program's Grievance Committee for review and resolution. The following members, along with the beneficiary, were present:

After review and discussion by the Gift of Life Maternity Care Program's Grievance Committee, the following recommendation and ruling is being made:

Date

Grievance Committee Chairman's Signature

I, _____(grievant), understand that the above ruling is binding and that I will abide by the committee's recommendations. If for some reason I am not satisfied, I understand that my only recourse is to file an appeal with the Alabama Medicaid Agency for an administrative fair hearing.

Date

Patient's Signature