

Grievance Form for California HMO Members

Attention Medicare + Choice members – do not complete this form. Request the “California Medicare + Choice Plan Member Appeal and Grievance Form”

HMO and DMO-based plans - **IMPORTANT:** Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-877-287-0117.

Planes basados en DMO y HMO - **IMPORTANTE:** ¿Puede leer esta carta? En caso de no poder leerla, le brindamos nuestra ayuda. También puede obtener esta carta escrita en su idioma. Para obtener ayuda gratuita, por favor llame de inmediato al 1-877-287-0117.

You have the right to file a grievance about any of your medical care or service. If you want to file a grievance, please use this form. There is a process you need to follow to file a grievance. Your health plan must, by law, give you an answer within 30 days. If you have any questions, please feel free to call your doctor’s office or health plan at the phone numbers on the back of this form. You may also call the phone numbers on your health identification (ID) card. If you think that waiting for an answer from your health plan will hurt your health, call and ask for an “Expedited Review.”

Please print or type the following information:

Member Name (Last, first, middle initial) _____

Address _____

Home Phone number (include area code) _____

City, State, Zip _____

Work Phone number (include area code) _____

Name of Employer or Group _____

Enrollment or Member ID # _____

Date of Birth _____

If someone other than the member is filing this grievance, please provide the following information:

Name: _____ Daytime Telephone # _____

Relationship to Member: _____

Address: _____

City: _____ State: _____ Zip: _____

Do you have a Terminal Illness? YES NO

Is the treatment Experimental or Investigational? YES NO

Write what your grievance is about. Give dates, times, people’s names, places, etc. that are involved. If you need more room, please attach another piece of paper.

