

**Grievance Form for California Managed Care Members**

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

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: \_\_\_\_\_

Write what your grievance is about. Give dates, times, people's names, places, etc. that are involved.

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Please attach copies of anything that may help us understand your grievance.

Y If you attach other pages, please check this box.

Please sign and MAIL or FAX, if applicable, TO your health plan (see the page with health plan contact information)

Date \_\_\_\_\_ Member Signature: \_\_\_\_\_

Date \_\_\_\_\_ Signature of Representative \_\_\_\_\_

**NOTICE TO THE MEMBER OR YOUR REPRESENTATIVE:**

The California Department of Managed Health Care (DMHC) oversees health care plans. If you do not agree with your health plan, you should file a grievance with your health plan before calling the DMHC. You can still take other action that may be available to you. If you need help with a grievance in an emergency, or your plan has not given you an answer on your grievance for more than thirty (30) days, you may call the DMHC for help. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for an IMR, it means that someone outside of your health plan will look at a medical decision made about your care. They will look at whether the care or service is needed. These decisions may be about care or service asked for by your doctor. They also may be about whether your health plan should pay for special treatments, or who should pay for emergency health services you get. You may call DMHC free of charge at **1-888 466-2219**. If you have problems with your hearing or speech, you may call the TDD line at **1-877-688-9891**. The DMHC has an Internet Web site ([http: -- //www.hmohelp.ca.gov](http://www.hmohelp.ca.gov)). The Web site also has this form and information on how to use it.

**Federal Employees:** If you are a Federal Employee, you have additional rights through the Office of Personnel Management (OPM) instead of the DMHC. Please reference your Federal Employees Health Benefits (FEHB) Program Brochure, which states that you may ask OPM to review the denial after you ask your health plan to reconsider the initial denial or refusal. OPM will determine if your health plan correctly applied the terms of its contract when it denied your claim or request for service. Send your request for review to: Office of Personnel Management, Office of Insurance Programs Contracts Division IV, P.O. Box 436, Washington, D.C. 20044

**Employees of Self-Insured Companies:** You may have the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA) if you are enrolled with your health plan through an employer who is subject to ERISA. First, be sure that all required reviews of your claim appeal have been completed and your claim has not been approved. Then consult with your employer's benefit plan administrator to determine if your employer's benefit plan is governed by ERISA. Additionally, you and your health plan may have other voluntary alternative dispute resolution options, such as mediation.

California Managed Care Member  
Health Plan Grievance Addresses

Please send your grievance letter to your health plan at:

<p><b>Aetna Health of California</b> Attn: Commercial Grievance &amp; Appeals, P.O. Box 10169, Van Nuys, CA. 91410 Member Services: 800-756-7039, 877-665-6736 (72 Hr. Expedited), TDD-TTY: (800) 628-3323 Fax 818-932-6566 (72 Hr. Expedited)</p>
<p><b>Blue Cross of California</b> Attn: Grievance &amp; Appeal Mgt. Dept., P.O. Box 4310, Woodland Hills, CA 91365-4310 “Call Cust. Serv. at the # on the front of your ID card.” for Oral-Exp. Appeals (varies by group ID) 7 a.m. – 12 p.m., M-F, PST; 8 a.m. – 4 p.m., Sat., Fax 818-234-2767 or 3824</p>
<p><b>Blue Shield of California</b> Attn: Member Services, P.O. Box 272540, Chico, CA 95927-2540. Member Services Phone: 800-424-6521, option 3, Spanish 800-424-6521 TDD-TTY: call 800-241-1823 (Oral req.), Internet website: <a href="http://www.mylifepath.com">http://www.mylifepath.com</a></p>
<p><b>CIGNA HealthCare (California)</b> Attn: Grievance &amp; Appeal Mgt. Dept., 400 N. Brand Blvd., Glendale, CA 91203-2311 Member Services Phone: 800-832-3211, Option 1; Member Svcs., TDD-TTY: 877-688-9891</p>
<p><b>Chinese Community Health Plan</b> Attn: Member Services, 170 Columbus, Suite 210, San Francisco, CA 94133 Member Services: 415-397-3190, Fax: 415-397-7077, TDD-TTY: 877-681-8888</p>
<p><b>Health Net (California)</b> Attn: Appeals &amp; Grievances Dept., P.O. Box 10348, Van Nuys, CA 91410-0348 Member Services Phone: 800-522-0088; Fax: 818-676-7200; Expedited Fax 818-676-7504 TDD-TTY: Commercial – 800-995-0852; Medi-Cal – 800-952-8349</p>
<p><b>InterValley Health Plan</b> Attn: Health Services-Exp. Mbr. Appl., P.O. Box 6002, Pomona, CA 91769-6002 Member Services: 800-251-8191 M-F, 8 a.m. – 5 p.m., Fax 909-620-8092 TDD-TTY: 800-505-7150, Exp.</p>
<p><b>One Health Plan of California, Inc.</b> Attn: Medical Management, 1740 Technology Dr., #320, San Jose, CA 95110 Member Services Phone: 800-663-8081, Fax 408-437-4193, TDD-TTY: 800-735-2258</p>
<p><b>UnitedHealthcare of California</b> Attn: Appeals Dept.-Exp. Mbr. Apls., PO Box 6107, MS CA124-0160, Cypress, CA 90630 Member Services Phone: Standard: 800-624-8822, Fax 800-704-3420, TDD-TTY: 800-442-8833. Expedited 888-277-4232, FAX 800-346-0930, TDD-TTY 800-422-8833</p>
<p><b>Prudential HealthCare (California)</b> Attn: Prudential Healthcare Appeals, PO Box 45146, Jacksonville, FL 32207-5146 Member Services: 1-800-456-5510; Fax number: 904-351-4248</p>
<p><b>Universal Care</b> Attn: Member Services-Exp. Member Appeals, 1600 E. Hill St., Signal Hill, CA 90806-0548 Member Services Phone: 800-635-6668, Fax: 562-981-5822, TDD-TTY: 866-321-5955</p>
<p><b>Western Health Advantage</b> Attn: Member Services, 1331 Garden Highway, Ste 100, Sacramento, CA 95833 Member Services: 888-563-2250, Fax 916-568-0126, TDD-TTY: 888-877-5378</p>