



Complaint/Grievance Form

Member Name:	Address:	Date Completed:
Member ID/Number:	Telephone Number:	Member Birth Date:
Completed By:	Plan Partner	Date of Incident:

Description of the Complaint/Grievance (attach page if more space is needed):
Please Print (* include names, dates and details)

Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-888-839-9909** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

If you have any other questions or concern(s) on this matter, please call L.A. Care at 1-888-839-9909.

State Fair Hearing

You may ask for a State Hearing within 90 days of the incident. You may either present your case yourself, or ask someone to present your case, such as legal counsel, relative, friend, or any other

L.A. CARE HEALTH PLAN
Appeals and Grievance Unit
1055 WEST 7th STREET
LOS ANGELES, CALIFORNIA 90017

TOLL-FREE 1-888-839-9909
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FAX: (213) 438-5748
MS70008

person. For more about State Hearing requests, please call 1(800) 952-5253. For the hearing impaired TDD, please call 1(800) 952-8349. To request a State Hearing in writing please send your letter to the following address

California Department of Social Services
State Fair Hearing Division
P. O. Box 944243, MS 09-17-37
Sacramento, CA 94244-2430

California Department of Health Care Services (DHCS) Office of the Ombudsman

You may also call the Ombudsman Office of the California Department of Health Care Services (DHCS) for help. The Ombudsman Office helps Medi-Cal beneficiaries to fully use their rights and responsibilities as a member of a managed care plan. To find out more, call toll-free 1-888-452-8609.

Member Signature: _____

Date _____

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