

GRIEVANCE AND APPEAL FORM

Note: If you need help completing this form, please contact Member Services at (805) 981-5050 or (800) 600-8247, between the hours of 8:30a.m. and 4:30p.m.

If this concerns a terminal illness, you may also request a conference with a medical provider, the member services department, utilization review department, and/or any other departments, as indicated.

Name of complainant: _____ ID number: _____

Address: _____

City, state, and zip code: _____

Daytime telephone number (including area code): _____

Name of person completing this form (if other than the complainant): _____

Relationship to the complainant (if applicable): _____

Describe the nature of the complaint/grievance, including relevant date(s), if known
(attach additional sheets, if necessary):

Signature: _____ Date: _____

Mail to: VCHCP
2220 E. Gonzales Road #210B
Oxnard, CA 93036
Fax: (805) 981-5051

For Language Assistance services, call VCHCP at (805) 981-5050 or (800) 600-8247. TDD/TTY for the hearing impaired at (800) 735-2929 to communicate in English or (800) 855-3000 to communicate in Spanish.

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 **805-981-5050** or **800-600-8247** 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.