GRIEVANCE FORM

Member's Name_____ ID # _____

Address_____

Telephone Number: (Home)_____ (Work) _____

Please choose one of the following:

☐ GRIEVANCE — Are you unhappy about something other than a benefit or claims payment decision we made?

☐ APPEAL — Are you unhappy about a benefit or claims payment decision we made?

Please describe your concern in detail using names, dates, and places of services, time of day and issues that occurred. If applicable, also state why UnitedHealthcare Community Plan of California should consider payment for requested services that are not normally covered. Please mail this completed form to the address listed at the bottom.

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Name, Address and Phone number of your Authorized Representative, if any:

_____

_____

(Signature) (Date)

Member Services
UnitedHealthcare Community Plan of California
Grievance and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

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 1-866-270-5785, TTY 711 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 (1-888-466-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's internet website www.dmhc.ca.gov has complaint forms, IMR application forms and instructions online.