



- Medi-Cal
- Healthy Families

**MOLINA HEALTHCARE OF CALIFORNIA  
INTER-OFFICE MEMORANDUM FOR COMPLAINTS/GRIEVANCES**

<b>TO: MEMBER SERVICES DEPARTMENT</b>	DATE: (MM/DD/YY) / /	TIME: a.m. p.m.
FROM: (INTERACTING PROVIDER OR STAFF)	ADDRESS:	TELEPHONE NO. ( )

FORWARDED VIA:  Hand  Mail  Fax

**MEMBER INFORMATION**

MEMBER'S NAME: (LAST, FIRST)	TELEPHONE NO.: ( )
MEMBER'S REPRESENTATIVE'S NAME: (LAST, FIRST)	TELEPHONE NO.: ( )
MEMBER'S ADDRESS: (NO., STREET, CITY, STATE AND ZIP)	
MEDI-CAL I.D. NUMBER OR SOCIAL SECURITY NUMBER:	MEDICAL RECORD NUMBER:
MEMBER'S OR MEMBER'S REPRESENTATIVE'S SIGNATURE:	DATE: / /

HOW THIS COMPLAINT/GRIEVANCE WAS SUBMITTED:  
 Walk-In  Telephone Contact  Letter  Other \_\_\_\_\_

**MEMBER'S COMPLAINT / GRIEVANCE**

DESCRIPTION OF COMPLAINT/GRIEVANCE:  
(USE AND ATTACH ANOTHER PAGE IF NECESSARY)

**The California Department of Manage 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 (1-888-665-4621), 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 thirty (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 TTD line (1-877-688-9891) for the hearing and speech impaired. The department's Internet website <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

MEMBER WAS ADVISED TO CONTACT MEMBER SERVICES DEPARTMENT:  YES  NO