Molina Healthcare
Member Grievance/Appeal Request Form

Instructions for filing a grievance/appeal:
1. Fill out this form completely. Describe the issue(s) in as much detail as possible.
2. Attach copies of any records you wish to submit. (Do Not Send Originals).
3. If you have someone else submit on your behalf, you must give your consent below.
4. You may submit the completed form through one of the following ways:
    a. Send to the address listed below,
    b. Fax to the fax number below, or
    c. Present your information in person. To do this, call us at the number listed below.

We will send a written acknowledgement letter of your request. It will be mailed to you within three (3) working days after the request is received.

Member's name: _____ Today's date: _____

Name of person requesting grievance/appeal, if other than the Member: _____

Relationship to the Member: _____

Member's ID #: _____ Daytime telephone #:_____

Specific issue(s): _____

_____

_____

_____

_____

(Please state all details relating to your request including names, dates and places. Attach another sheet of paper to this form if more space is needed)

By signing below, you agree that the information provided is true and correct. If someone else is completing this form for you, you are giving written consent for the person named above to submit on your behalf.

Member's Signature: _____ Date: _____

If you would like help with your request, we can help. We can help you in the language you speak or if you need other special support for hearing or seeing. You can call, write or fax us at:

Molina Healthcare of Michigan
Attn: Grievance & Appeals Department
880 W. Long Lake Rd, Suite 600
Troy, MI 48098

Molina Healthcare Member Services: 1-888-898-7969
Hearing Impaired TTY/Michigan Relay:
1-800-649-3777 or 711
Fax Number: 1-248-925-1799

Molina Healthcare cannot promise that the way in which you submit this form to us is a secured method. Thank you for using the Molina Healthcare Member Grievance & Appeal Process.

Important Information You Need to Know

- If you are unhappy with the steps we and/or your doctor took for your request, let us know. You can fill out the enclosed *Member Grievance/Appeal Request Form* to file an appeal. You may also call us.
- If you or your doctor think that waiting for the grievance to be processed would be life threatening, or could cause serious harm to your health, please let us know why you think this. This is called an expedited appeal. We will make a determination within one working day of the appeal request whether to expedite the appeal. If we agree, we will let you know within three (3) working days of your appeal. If we do not agree, your appeal will be resolved within the normal processing time.
- If you would like to continue your care that you currently are getting during this process, please submit a request in writing within ten (10) days of your denial notice. If a decision is made and it is not in your favor, you may be responsible for the cost of the care received during this process.

Molina Healthcare Member Services:	**1-888-898-7969**
Hearing Impaired TTY/Michigan Relay:	**1-800-649-3777 or 711**
8 a.m. to 5 p.m. Monday through Friday	

- ***Return this completed form to:***

Molina Healthcare of Michigan
Attn: Grievance & Appeal Department
880 W. Long Lake Rd, Suite 600
Troy, MI 48098

We will send a written confirmation of receipt of your request, and separately, will respond to your request.

Thank you for advising us of your concerns.

This form is available on our website at www.MolinaHealthcare.com.

English: This notice has important information about your application or coverage with Molina Healthcare. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost. Call Member Services at (888) 560-4087, or TTY 711 for the hearing impaired, Monday through Friday 8:00 a.m. - 5:00 p.m. ET.

Spanish: Este aviso contiene información importante acerca de su solicitud o cobertura con Molina Healthcare. Es posible que usted necesite tomar acción antes de determinadas fechas límites para poder conservar su cobertura de salud o recibir ayuda con los costos. Usted tiene derecho a recibir esta información en un formato distinto, como audio, braille, o letra grande, debido a necesidades especiales; o en su idioma sin costo adicional. Comuníquese con nuestro Departamento de Servicios para Miembros al (888) 560-4087, o al servicio TTY al 711 para personas con impedimentos auditivos, de lunes a viernes, de 8:00 a. m. a 5:00 p. m., hora del este.

Arabic: يحتوي هذا الإشعار على معلومات مهمة حول طلبك أو التغطية الخاصة بك لدى شركة Molina Healthcare. قد يلزم عليك اتخاذ إجراءات معينة بحلول تواريخ بعينها من أجل الحفاظ على التغطية الصحية أو المساعدة في التكاليف. يحق لك الحصول على هذه المعلومات بتنسيق مختلف، مثل التنسيق الصوتي أو بطريقة برايل أو بخط كبير بسبب الاحتياجات الخاصة أو باللغة الخاصة بك بدون أي تكاليف إضافية عليك. اتصل بقسم خدمات الأعضاء على الرقم 560-4087 (888)، أو بالنسبة لمستخدمي الهواتف النصية، يمكنهم الاتصال على الرقم 711 للمعاقين سمعيا، من الاثنين إلى الجمعة من الساعة الثامنة صباحا إلى الساعة الخامسة بعد الظهر بالتوقيت الشرقي.

Chinese: 本通知提供了關於您申請 Molina Healthcare 或 Molina Healthcare 承保的重要資訊。您可能需要在某些截止日期前採取行動，保持您的健康承保或處理費用。 您有權因有特殊需要而要求提供這些資訊的不同格式（如音訊、盲文或大字體）或使用您的語言，且無需另付費用。請在星期一至星期五上午 8:00 至下午 5:00（東部時間）撥打 (888) 560-4087 或者 TTY 711（聽障人士專線）聯繫會員服務部。

Syriac:
ܐܕܝ ܡܘܕ̈ܥܬܐ ܐܝܬ ܠܗ̇ ܡܘܕܥܢܘܬܐ ܗ̇ ܛܠܒܬܘܟ݂ ܡܢ ܡܘܠܝܢܐ ܕܡܚܡܝܢܐ ܗܝܡܢܘܬܐ ܕܝܘܡܬܐ ܕܝܠܘܟ݂. ܠܘܡ ܐܝܠܐ ܕܡܣܬܒܥܐ ܡܢ ܕܥܒܕܘܬܘܟ݂ ܥܠܐ ܕܛܠܒܬܘܟ݂ ܗ̇ ܕܝܠܟ݂ ܦܥܠܐ ܐܢ ܚܡܝܐ ܡܘܣܚܠܬܐ ܡܢ ܡܚܟܡܬܐ ܡܢ ܕܟܝܢܬܐ ܕܦܩܕܬܐ ܚܢܘܬܐ ܕܣܚܡܢܐ. ܐܝܬܠܘܟ݂ ܙܕܩܐ ܕܝܠܟܘܬܘܟ݂ ܡܢ ܕܝܕܥܬܘܟ݂ ܗܕܐ ܐܣܟܡܐ ܒܐܘܪܚܐ (ܕܫܘܡܥܐ - ܒܪܝܠ) ܕܣܦܣܘܬܐ ܦܪ̈ܝܫܐ. ܡܢ ܒܠܫܢܐ ܕܝܠܘܟ݂ ܕܠܐ ܙܘܙܐ ܡܚܪ̈ܘܬܐ ܡܫܝܢܐ ܕܗܠܟܐ: (888) 560-4087 ܡܢ (TTY 711) ܗ̇ ܣܕܗܐ ܡܫܪ̈ܢܐ. ܡܢ ܗܪ̈ܥܬܐ ܗܘܠ ܚܘܪܒܬܐ ܡܢ ܥܕܢܐ ܒܫܡܫܐ ܡܣܘܡܟܐ ܗܘܠ ܫܡܫ ܒܥܫܪܬܐ. ܡܕܢܚ ܚܕܝܐ ܕܡܫܡܫܢܐ.

Vietnamese: Thông báo này có thông tin quan trọng về đơn xin hoặc khoản bao trả của quý vị với Molina Healthcare. Quý vị có thể cần hành động trước thời hạn nhất định để duy trì bảo hiểm y tế của quý vị hoặc để được trợ giúp với các khoản chi phí. Quý vị có quyền nhận thông tin này ở định dạng khác như âm thanh, hệ thống chữ Braille, hoặc phông chữ lớn do nhu cầu đặc biệt hoặc bằng ngôn ngữ của quý vị mà không chịu thêm khoản phát sinh chi phí nào. Hãy gọi đến Dịch Vụ Thành Viên theo số (888) 560-4087, hoặc TTY 711 dành cho người khiếm thính, thứ Hai đến thứ Sáu, từ 8:00 giờ sáng - 5:00 giờ chiều, Giờ Miền Đông.

Albanian: Ky njoftim ka informacione të rëndësishme rreth aplikimit ose sigurimit tuaj me Molina Healthcare. Ju mund të keni nevojë të merrni masa brenda afateve të caktuara për të vazhduar sigurimin tuaj shëndetësor ose të ndihmoheni me shpenzimet. Ju keni të drejtë të merrni këtë informacion në një format tjetër, siç është audio, Braille (sistem shkrimi për të verbrit) ose me shkronja të mëdha për shkak të nevojave të specifike ose në gjuhën tuaj pa kosto shtesë. Telefononi Shërbimet e Anëtarëve në (888) 560-4087, ose TTY 711 për ata me dëgjim të dëmtuar, nga e Hëna në të Premte 8:00 a.m. – 5:00 p.m. ET.

Korean: 본 통지문에는 귀하의 Molina Healthcare 신청 또는 보장에 대한 주요 정보가 포함되어 있습니다. 귀하는 의료 보장 또는 비용 보조 유지를 위해 특정 기한 내에 조치를 취해야 할 수 있습니다. 귀하는 특수한 상황에 따라 본 정보를 오디오, 점자, 큰 글씨 또는 귀하의 모국어 등의 다른 형태로 받아볼 권리가 있으며, 이때 추가 비용은 없습니다. 회원 서비스에 (888) 560-4087번으로 월요일~금요일, 동부기준시(ET) 오전 8시~오후 5시 사이에 전화해 주십시오. 청각 장애인의 경우 TTY 711번으로 전화하십시오.

Bengali: এই নোটিশে মোলিনা হেল্থকেয়ার এ আপনার আবেদন (Molina Healthcare)বা কভারেজের বিষয়ে গুরুত্বপূর্ণ সূচনা রয়েছে| আপনার হেল্থ কভারেজ বজায় রাখার জন্য বা খরচ সামলানোর জন্য আপনাকে কিছু বিশেষ তারিখের মধ্যে ব্যবস্থা গ্রহণ করতে হবে| বিশেষ প্রয়োজনে এই নোটিশটি বিনা কোন অতিরিক্ত খরচে অন্য রূপে প্রাপ্ত করার অধিকার আপনার আছেবা আপনার ভাষায় ব্রেল বা বড় হরফে ,যেমন অডিও ,| দয়াকরে মেম্বার সার্ভিসেস ইস্টার্ন টাইম সকাল ,কে সোমবার থেকে শুক্রবার (Member Services) টার মধ্5:00 টা থেকে সন্ধ্যা8:00যে (888) 560-4087নম্বরে TTY 711 বা বধিরদের জন্য ,নম্বরে ফোন করুন|

Polish: Niniejsze powiadomienie zawiera ważną informację o Twoim wniosku lub ubezpieczeniu Molina Healthcare. Może być konieczne podjęcie działań w ramach określonych terminów, w celu zachowania ubezpieczenia zdrowotnego lub uzyskania pomocy dot. kosztów. Możesz otrzymać tę informację w innym formacie, np. audio, alfabetem Braille'a, dużą czcionką lub w języku którym się posługujesz, bez dodatkowych kosztów. Zadzwoń do obsługi członków ubezpieczyciela (888) 560-4087 lub TTY 711 - obsługa osób głuchoniemych, od poniedziałku do piątku, w godz. 8:00 a.m. – 7:00 p.m., czasu wschodniego.

German: Diese Mitteilung enthält wichtige Informationen über Ihren Antrag oder Ihren Versicherungsschutz durch Molina Healthcare. Sie müssen ggf. innerhalb bestimmter Fristen Maßnahmen einleiten, um Ihren Versicherungsschutz zu behalten, oder sich an den Kosten beteiligen. Sie haben das Recht, diese Informationen ohne zusätzliche Kosten aufgrund spezieller Bedürfnisse in einem anderen Format, wie beispielsweise Audio, Blindenschrift oder in großer Schrift, bzw. in Ihrer Sprache zu erhalten. Wenden Sie sich von Montag bis Freitag von 8:00 Uhr bis 17:00 Uhr ET telefonisch an den Mitglieder-Service (Member Services) unter (888) 560-4087 oder TTY 711 für Hörgeschädigte.

Italian: La presente notifica contiene informazioni importanti sulla Sua richiesta o copertura presso Molina Healthcare. Per mantenere la copertura sanitaria o l'assistenza per il pagamento dei costi, potrebbe essere necessario effettuare determinate azioni entro le scadenze indicate. Lei ha il diritto di ottenere le presenti informazioni in formati differenti, quali audio, braille o caratteri grandi a causa di necessità particolari o nella propria lingua senza alcun costo aggiuntivo. Chiami i Servizi per i membri al numero (888) 560-4087, o TTY 711 per non udenti, da lunedì a venerdì alle ore 8:00 - 17:00 (fuso orario della costa orientale degli Stati Uniti).

Japanese: この通知には、Molina Healthcareへのあなたの申請、または補償範囲に関する重要な情報が含まれております。あなたの補償範囲を維持するため、または費用の面で支援させていただくために、特定の日までにあなたに何らかの措置をとっていただく必要性が生じる可能性がございます。あなたには追加の費用を負担することなく、特別な必要性を理由に、音声、展示、またはより大きなフォントを使った異なる形式にて、あるいは、あなたが使用している言語でこの情報を取得していただく権利がございます。メンバーサービスのお問い合せは、月曜日から金曜日まで、午前8:00から午後5:00（米国東部標準時間）までの間、お電話（(888) 560-4087、耳が不自由な方は、TTY 711）にてお受けしております。

Russian: В этом уведомлении содержится важная информация о вашей заявке или страховом покрытии, предоставляемом компанией Molina Healthcare. Вам, возможно, потребуется предпринять некоторые действия до определенных сроков, чтобы сохранить страховое покрытие или получить помощь с оплатой. В связи с особыми потребностями вы имеете право бесплатно получить эту информацию на своем языке или в другом формате, включая крупный шрифт, шрифт Брайля или аудиоформат. Обращайтесь в Отдел обслуживания участников по телефону (888) 560-4087 или 711 (линия TTY для лиц с нарушениями слуха) с понедельника по пятницу, с 8:00 до 17:00 по тихоокеанскому времени.

Serbo-Croatian: Ova obavijest sadrži važne podatke o Vašoj prijavi ili pokriću kod Molina Healthcare. Možda ćete do određenih rokova morati poduzeti radnje da bi zadržali svoju zdravstvenu zaštitu ili pomoć kod pokrivanja troškova. Imate pravo da bez dodatnih troškova dobijete ove podatke u drugom formatu, kao što su audio, Braille ili napisani velikim fontom zbog posebnih potreba ili na Vašem jeziku. Nazovite Uslužni centar na (888) 560-4087 ili TTY 711 za osobe oštećena sluha, od ponedjeljka do petka 8:00 a.m. – 7:00 p.m. ET.

Tagalog: Ang abisong ito ay may mahalagang impormasyon tungkol sa iyong aplikasyon o pagkakasaklaw sa Molina Healthcare. Maaaring may kailangan kang isagawa bago ang ilang partikular na deadline upang mapanatili ang saklaw sa iyong kalusugan o ang tulong sa mga gastusin. May karapatan kang makuha ang impormasyong ito nang libre sa iba pang format, tulad ng audio, Braille o nang nakasulat sa malaking font dahil sa mga espesyal na pangangailangan o nang nakasulat sa iyong wika. Tawagan ang Member Services sa (888) 560-4087, o sa 711 kung gumagamit ng TTY para sa may kapansanan sa pandinig, Lunes hanggang Biyernes, 8:00 a.m. - 05:00 p.m. ET.