



### Molina Healthcare Grievance Form

This form is for filing a formal grievance regarding any aspect of care or service provided to you. Molina Medicare **is required by law** to respond to your grievances. A detailed procedure exists for resolving these situations. If you have any questions, please feel free to call the Molina Medicare Member Service Department available **Monday through Sunday 8:00 a.m. to 8:00 p.m. local time** (Please see below table for the member service number corresponding to your state plan).

#### Member Services

Please see your state number listed below:

California	1-800-665-0898 (TDD/TTY 711)
Florida	1-866-553-9494 (TTY/TDD 711)
Illinois	1-888-665-1328 (TDD/TTY 711)
Michigan	1-800-665-3072 (TDD/TTY 711)
New Mexico	1-866-440-0127 (TDD/TTY 711)
Ohio	1-866-472-4584 (TDD/TTY 711)
Texas	1-866-440-0012 (TDD/TTY 711)
Utah	1-888-665-1328 (TDD/TTY 711)
Utah Healthy Advantage	1-877-644-0344 (TDD/TTY 711)
Washington 	1-800-665-1029 (TDD/TTY 711)

#### Please print or type the following information:

Member Name (Last, first, middle initial)

Address

Home Phone Number

City, State, Zip

Alternate Phone Number

Member ID#

Date of Birth

~~Molina Medicare Options HMO is a Health Plan with a Medicare Contract.~~

~~Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program.~~

~~Healthy Advantage HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Other Providers are Available in Our Network~~

Please state the nature of the grievance, giving dates, times, persons, places, etc. involved. Please send copies of any additional information that may be relevant to your grievance or appeal to:

**Molina Medicare**  
**Appeals and Grievances**  
**P.O. Box 22816**  
**Long Beach, CA 90801-9977**  
**Fax#: 562-499-0610**

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Please sign below and forward to Molina Medicare at the address above.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Representative** \_\_\_\_\_

**Date** \_\_\_\_\_

If the grievance is filed by someone other than the member, please fill out and sign the **Appointment of Representative** Form available on the Molina Medicare website and submit it with this Grievance Form.