

Member Signature _____

When completed, mail or fax this form to:

Member Services
PHC California
P.O. Box 46160
Los Angeles, CA 90046
Fax: (888) 235-8552

If you need help completing this form, or you would rather file your complaint or grievance orally, please call Member Services at (800) 263-0067, Monday through Friday, 8:00 am to 8:00 pm. TTY users call 711.

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 **1-800-263-0067** 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.dmhca.gov has complaint forms, IMR application forms, and instructions online.