

Inland Empire Health Plan
Attn: Grievance Department
P.O. Box 1800
Rancho Cucamonga, CA 91729-1800
Fax # (909) 890-5748



For Questions Call
1-855-433-4347 or
TTY 711

Covered

MEMBER COMPLAINT FORM (IEHP COVERED)

Please complete the following form and return it to IEHP Grievance Department at the address above.

MEMBER INFORMATION

FIRST NAME	M.I.	LAST NAME	
MEMBER ADDRESS:			IEHP COVERED MEMBER ID #
			TELEPHONE #

PERSON MAKING THE COMPLAINT (You have the right to appoint someone to file your grievance or represent you during the grievance process. In addition, grievances can be filed by parents, guardians, conservator, relative or other designee, if the Member is a minor or an adult who is incapacitated)

NAME _____
RELATIONSHIP <input type="checkbox"/> SELF <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER _____

NATURE OF COMPLAINT

WHERE DID THE INCIDENT HAPPEN? (<i>NAME OF HOSPITAL, DOCTOR OR OTHER LOCATION</i>)
WHEN DID THIS HAPPEN? (<i>IF UNSURE, GIVE APPROXIMATE DATE(S)</i>)
WHO WAS INVOLVED?
PLEASE DESCRIBE WHAT HAPPENED. (<i>ATTACH ADDITIONAL PAGES, IF NECESSARY</i>)

As a Member of IEHP Covered, you have the right to file a complaint against IEHP Covered or its Providers without fear of negative action by IEHP Covered, your Doctor, or any other Provider. You also have the right to make a complaint/grievance to the Department of Managed Health Care, which regulates health plans. If you feel you have been improperly denied, modified, or delayed by the plan, or by one of its contracting providers, you have the right to request an Independent Medical Review (IMR). If you have any questions, please call 1-855-433-IEHP (4347) or TTY 711.

MEMBER'S SIGNATURE

DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN
(*IF THE MEMBER IS A MINOR OR INCOMPETENT*)

DATE

Department of Managed Health Care:

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 **1-855-443-IEHP (4347)** (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.

The above services are available to IEHP Members at no cost.