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

For Questions Call
1-800-440-4347 or TTY
1-800-718-4347

MEMBER COMPLAINT FORM (MEDI-CAL)

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 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 ☐ SELF ☐ MOTHER ☐ FATHER ☐ GRANDPARENT ☐ GUARDIAN ☐ OTHER _____

NATURE OF COMPLAINT

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

As a Member of IEHP, you have the right to file a complaint against IEHP or its providers without fear of negative action by IEHP, 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 have any questions, please call 1-800-440-4347, or 1-800-718-4347 (TTY).

MEMBER'S SIGNATURE _____ **DATE** _____

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

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 **1-800-440-4347,** or **1-800-718-4347 TTY** 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-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site **http://www.hmohelp.ca.gov** has complaint forms, IMR application forms and instructions online.

You can get this information for free in other languages. You can ask for this in other formats, such as large print, Braille or audio. Call 1-800-440-IEHP (4347), Monday through Friday, from 8am to 5pm (PST), . TTY/TDD users should call 1-800-718-4347. The call is free.

The above services are available to IEHP Member's at no cost.