



CHINESE COMMUNITY HEALTH PLAN COMPLAINT FORM

Attention: Member Services-Commercial

Mailing Address: 445 Grant Avenue, #700, San Francisco CA 94108

Member Services Office: 445 Grant Avenue, San Francisco CA 94108

Phone: (415) 834-2118 or Fax (415)-397-2129 TTY user: 1-877-681-8898

Date: _____ Member ID#: _____

Name: _____

Address: _____

Telephone #: _____

Name of person filing if different from above/relationship: _____

Date of Problem: _____

Describe the problem in detail. (use and attach additional sheets if necessary)

What would you like someone to do about this problem? (use and attach additional sheets if necessary)

Do you need language assistance? Yes No What language? _____

Do you have any physical disabilities that need accommodation? Yes No

Do you have a problem that needs medical attention in the next three days, or do you have severe pain? (If you need immediate medical attention, please go to the nearest emergency room). Yes No

Signature of Member (Representative)

Date

Signature of person translated the appeal or grievance

Date

The Department of Managed Health Care requires that we advise our members of the following:

“The 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 plan CCHP at **(415) 834-2118 or (TTY) 1 (877) 681-8898** and use the 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 Web site <http://www.dmhc.ca.gov> has complaint forms, IMR application forms and instructions online.”