

MAGELLAN*
GRIEVANCE FORM

IMPORTANT:

Can you read this in English? If not, we can have someone help you read it. You may also be able to receive this letter written in your language. For free help, please call your program toll-free number.**

IMPORTANTE:

¿Puede leer esta carta? Si no, alguien le puede ayudar a leerla. Además, es posible que reciba esta carta escrita en español. Para obtener ayuda gratuita, llame al número gratuito de su programa.**

We are interested in hearing your concerns. Please complete this form and mail it to us, or if you prefer, contact us at your program toll-free number 800-424-1565.**

Please print or type the following information:

Member Name (Last, First, Middle Initial)	
Address	Home Phone
City, State, Zip Code	Work Phone
Health Plan or Sponsor <i>(The organization through which you are receiving EAP or behavioral health services from Magellan*)</i>	Date of Birth

May Magellan* use your name in the investigation of this grievance? <i>(For State of CA residents, a written resolution letter is sent automatically.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
May Magellan* contact you by telephone?	<input type="checkbox"/> YES Preferred Phone Number: () <input type="checkbox"/> NO
Special instructions for contacting you: <i>(For example, time of day, person with whom it is okay to leave messages, etc.)</i>	

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Name of Provider:	
Approximate Date This Provider Was Last Seen:	
<p>Complaint:</p> <p><i>(Write what your grievance is about. Please provide dates, times, people's names, places, etc. that are involved. If you need more room, please attach additional pages. You may also attach copies of anything that may help us understand your grievance.)</i></p> <hr/>	
<input type="checkbox"/> Please check this box if additional pages were attached.	

NOTICE TO THE MEMBER OR YOUR REPRESENTATIVE

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 **(800-424-1565)** 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.

Signature: _____ **Date:** _____

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Please send completed form to:
Comment Coordinator, Magellan
PO Box 710430
San Diego, California 92171

*Magellan subsidiaries in California are Human Affairs International of CA (HAI-CA), and Magellan Health Services of California, Inc.-Employer Services (Magellan Employer Services).

If you are speech or hearing impaired, call our toll-free TTY number **711 for assistance.

You may file a grievance if you believe you may have been subject to discrimination based on one of several protected class characteristics as identified by CA law. Pursuant to CA Senate Bill (SB) 923, you also have the right to file a grievance for failure of the plan, or its staff, to provide trans-inclusive care.

For your protection and in accordance with California (CA) law, any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.