



IMPERIAL HEALTH PLAN (HMO) (HMO SNP) GRIEVANCE FORM (PART C & D)

This form is for your use in filing a formal grievance (complaint) regarding any aspect of the care or service provided to you. Imperial Health Plan **is required by law** to respond to your grievances. A detailed procedure exists for resolving these situations. If you have any questions, please feel free to call the Imperial Health Plan Member Service Department at **1-800-708-8273 TTY: 711**.

Please print or type the following information:

Member Name (Last Name, First, Middle Initial)

Address

Home Phone Number

City, State, Zip

Alternate Phone Number

Member ID #

Date of Birth

Please state the nature of the complaint, giving date(s), time(s), person(s), place(s), service(s) etc. involved. Please attach copies of any additional information that may be relevant to your complaint. (i.e., notices received, medical records, billing statement, etc.) Use another sheet of paper if necessary.

Member Signature _____

Date _____

Signature of Representative _____

Date _____

If the grievance is filed by someone other than the member, please fill out and sign the **Appointment of Representative Form** available on the Imperial Health Plan website www.imperialhealthplan.com and submit it with this form.



FILING A GRIEVANCE WITH IMPERIAL HEALTH PLAN

You can call Imperial Health Plan Member Services at **1-800-708-8273 TTY: 711**. A representative will be available to assist you **8:00 a.m. to 8:00 p.m., 7 days a week, October 1 through March 31 (except holidays) and 8:00 a.m. to 8:00 p.m., Monday through Friday, April 1 through September 30.**

You may file a standard grievance by:

- Calling Member Services at **1-800-708-8273 TTY: 711**.
- Submitting a written grievance by mail to:
Imperial Health Plan, Appeals & Grievances
PO Box 60874 Pasadena, CA 91116
- Submitting a written grievance by fax to **1-626-380-9049**.

We must notify you of our decision about your grievance as quickly as your case requires based on your health status, but no later than 30 days after receiving your grievance. We may extend the timeframe by up to 14 days if you request the extension, or if we justify a need for additional information and the delay.

Imperial Health Plan (HMO) (HMO SNP) is dedicated to ensuring their members have a complete understanding of their Medicare rights, protections and responsibilities as an Imperial Health Plan member. **Should you have additional questions, please call Imperial Health Plan Member Services at the telephone number listed above.**

Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal.

Imperial Health Plan of California (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-708-5976 (TTY : 711)。