

Grievance Form

Please use this form to submit Grievances relating to services, personnel, provider offices, or any other aspect of your plan that reflects you as a participant.

Employee Name: (Please Print)		
Last Name	First Name	Middle Initial
Address		
Employee ID# or SS#		Telephone Number
Name of Employer/Group		Policy Number
Provider Name/City		Date of Service
Patient Name:		
Last Name	First Name	Middle Initial
Grievance: Please include the details leading to your Grievance, name(s) of others involved, and any related documents/receipts. Attach additional sheets if necessary.		
If you are completing this form on behalf of the patient, please provide the following information:		
Name		Relationship
Address		
Daytime Telephone Number		
Print Name	Signature	

If you need assistance or have questions regarding the Grievance process, please call the MES Customer Service Department at **888-859-5841 (toll-free)**.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a Grievance against your plan, you should first telephone your health plan at **888-859-5841 (toll-free)**, or for **TTY/TDD access (1-877-735-2929)** 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 (<http://www.dmhca.ca.gov>) has Grievance forms, IMR application forms, and instructions online.