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|--|--------|-----------------------------|---------------------------|
| Member/Patient Name: | | Medical Record Number: | |
| Address | Street | City | Zip Code |
| Daytime Telephone Number: | | Alternate Telephone Number: | Birth Date: |
| Name of Person Filing <i>(If different than above, a Statement of Authorized Representative form will be mailed to the member for completion):</i> | | Relationship: | Daytime Telephone Number: |
| Department/Location and Medical Facility where issue occurred: | | | Date Issue Occurred: |

Please describe the nature of the issue *(attach additional sheets if needed)*:

Please explain how you have tried to resolve this issue.

What would you consider a proper solution to this issue?

Signature: _____ Date: _____

For Program Representative Use Only

| | | |
|---|-----------|----------------|
| Name of Program Representative: | Facility: | Date Received: |
| <input type="checkbox"/> Complaint <input type="checkbox"/> Grievance <input type="checkbox"/> Grievance Appeal | | |

Department of Managed Health Care Complaint Process

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan¹, you should first telephone Kaiser Foundation Health Plan at **1 (800) 464-4000** 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.

DO NOT FILE IN PATIENT CHART

Please return this form to your local Kaiser Permanente Member Services department for processing. You may deliver the form in person or by mail. If you prefer, you may file a grievance online at kp.org, in person at your local Member Service office or by phone by calling (800) 464-4000.

¹ You can apply immediately to the Department for review of your urgent grievance request without participating in the plan's grievance process or prior to such participation.

HOW TO FILE A GRIEVANCE

We are committed to providing you with quality care and with a timely response to your concerns. You can discuss your concerns with our Member Services representatives at most Plan Facilities, or you can call our Member Service Call Center.

You can file a grievance for any issue. Your grievance must explain your issue, such as the reasons why you believe a decision was in error or why you are dissatisfied about Services you received. You must submit your grievance orally or in writing within 180 days of the date of the incident that caused your dissatisfaction as follows:

- To a Member Services representative at your local Member Services Department at a Plan Facility (please refer to *Your Guidebook* for locations), or by calling our Member Service Call Center
- Through our Web site at **kp.org**
- To the following location for claims described under "Emergency, Post-Stabilization, or Out-of-Area Urgent Care" under "Requests for Payment" in the "Requests for Payment or Services" section:

Kaiser Foundation Health Plan, Inc.
Special Services Unit
P.O. Box 7136
Pasadena, CA 91109

We will send you a confirmation letter within five days after we receive your grievance. We will send you our written decision within 30 days after we receive your grievance. If we do not approve your request, we will tell you the reasons and about additional dispute resolution options. Note: If we resolve your issue to your satisfaction by the end of the next business day after we receive your grievance and a Member Services representative notifies you orally about our decision, we will not send you a confirmation letter or a written decision unless your grievance involves a coverage dispute, a dispute about whether a Service is Medically Necessary, or an experimental or investigational treatment

Southern California Member Services – Address List for Grievance Form

Please send your completed grievance form to the applicable facility or location below.

If you have questions about this form, call the Member Services Call Center at 1-800-464-4000 (TTY 1-800-777-1370) weekdays from 7 a.m. to 7 p.m. and weekends from 7 a.m. to 3 p.m.

Baldwin Park

Kaiser Permanente
Member Services Main Office
1011 Baldwin Park Blvd., 1st Floor
Baldwin Park, CA 91706

Bellflower

Kaiser Permanente
Member Services Main Office
9400 E. Rosecrans Ave.
North Building, 1st Floor
Bellflower, CA 90706

Coachella Valley

Kaiser Permanente
73-733 Fred Waring
Suite 110
Palm Desert, CA 92260

Fontana

Kaiser Permanente
Member Services Main Office
9961 Sierra Ave., MOB 3
Fontana, CA 92335

Harbor City

Kaiser Permanente
Member Services Main Office
25975 S Normandie Avenue
Harbor City, CA 90710

Kern County

Kaiser Permanente
Member Services Main Office
5055 California Ave., Ste. 110
Bakersfield, CA 93309

Lancaster

Kaiser Permanente
Member Services Main Office
43112 N. 15th St. West, Westside Bldg.
Lancaster, CA 93534

Los Angeles

Kaiser Permanente
Member Services Main Office
1505 N. Edgemont St.
Los Angeles, CA 90027

Orange County

Kaiser Permanente
Member Services Main Office
4330 E. Miraloma Avenue
Anaheim, CA 92807

Panorama City

Kaiser Permanente
Member Services Main Office
13652 Cantara Street
Panorama City, CA 91402

Riverside

Kaiser Permanente
Member Services Main Office
10800 Magnolia Ave.
Park Sierra Building, 2nd Floor
Riverside, CA 92505

San Diego

Kaiser Permanente
Member Services Main Office
Vandever Medical Office
4405 Vandever Ave., 1st Floor
San Diego, CA 92120

West Los Angeles

Kaiser Permanente
Member Services Main Office
6041 Cadillac Ave., 2nd Floor
Los Angeles, CA 90034

Western Ventura County

Kaiser Permanente
Member Services Main Office
1901 N. Solar Drive, Ste. 155
Oxnard, CA 93030

Woodland Hills

Kaiser Permanente
Member Services Main Office
5601 De Soto Ave., 5th Floor
Woodland Hills, CA 91365