



# Member Grievance Form

Please complete this form and attach any related documents. Mail the form and documents to: **Attn: Grievance Coordinator, Anthem Blue Cross, P.O. Box 60007, Los Angeles, CA 90060-0007.**

You may also file a grievance by calling the Customer Care Center or Member Services phone number on your Anthem Blue Cross ID card. You will be sent a response within 30 calendar days of us receiving this form or your call.

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ Member ID Number/CIN Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Information about the Grievance

This information becomes part of the permanent record; write clearly and legibly.

Date of Incident: \_\_\_\_\_

Describe What Happened (Attach additional pages if necessary.):

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### Signature of Member (Parent or guardian if the member is a minor.)

X \_\_\_\_\_ Date: \_\_\_\_\_

If you need assistance with this form, please call the Customer Care Center or Member Services phone number on your Anthem Blue Cross ID card. Please see the back of this form for more information.

### ***All Medi-Cal Members***

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You may also ask for a State Fair Hearing within 90 days of the incident. Write to:

**Department of Social Services  
State Hearings Division  
P.O. Box 944243, MS 19-37  
Sacramento, CA 94244-2430**

You may call the Department of Social Services directly at **1-800-952-5253**. You may call the Office of the Ombudsman to assist you at **1-888-452-8609**.

### ***Healthy Families Program Members***

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Your Anthem Blue Cross Benefit Agreement contains an arbitration clause. Any dispute between you or your representative and Anthem Blue Cross, or its affiliates, that exceeds the small claims court jurisdictional limits must be resolved through arbitration. To initiate arbitration, a written request must be submitted to:

**Attn: Appeals and Complaints Department  
Anthem Blue Cross  
P.O. Box 60007  
Los Angeles, CA 90060-0007**

Upon receipt, your request will be acknowledged and you will receive further information regarding the arbitration process.

### ***Los Angeles County Medi-Cal Members***

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You may also contact the following:

**Attn: Member Services  
L.A. Care Health Plan  
555 W. Fifth Street  
Los Angeles, CA 90013  
1-888-452-2273**

You may call the Office of the Ombudsman to assist you at **1-888-452-8609**. You may also ask for a State Fair Hearing within 90 days of the incident. Write to:

**Department of Social Services  
State Hearings Division  
P.O. Box 944243, MS 19-37  
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### ***All Anthem Blue Cross Members***

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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 **1-800-407-4627** 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 Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.