Anthem Blue Cross

Anthem Blue Cross Life and Health Insurance Company

MEMBER GRIEVANCE FORM

INSTRUCTIONS: Please complete this form and attach all supporting documentation. Please send to P.O. Box 60007, Los Angeles, CA. 90060-0007 to the attention of: Member Grievance. Or, you may call the toll-free telephone number on the member's identification card to ask the service representative to fill out the form for you. You will be sent a response within 30 calendar days of receipt of the form by Anthem Blue Cross.

Member Name: _____ Birthdate: _____

Identification Number: (see ID card) _____ Group Number: (see ID card) _____

Member Address: _____

Daytime Telephone Number: ( ) _____ Evening No.: ( ) _____

If you are not the member or member's spouse, please complete:

Your Name: _____ Your Relationship to the member _____
Your Address: _____
Daytime Telephone Number: ( ) _____ Evening No.: ( ) _____
Signature: _____ Date: _____

GRIEVANCE

Please explain the grievance; provide as much information as possible. If your grievance is about a provider, please identify the provider and the date of service. If you were not the patient please list the name of the patient. Attach additional sheets if necessary.

Provider's Name: _____ Date/s of Service: _____ Patient: _____

_____

Explanation: _____

_____

_____

What do you feel is the appropriate resolution? _____

_____

The following notice is provided if your health coverage is governed by the Department of Managed Health Care. If your health insurance is not governed by the Department of Managed Health Care the following notice does not pertain to you. Refer to your Explanation of Coverage for your appeal rights.

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 **the toll free telephone number listed on your ID Card** 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.

Terminal Illness Rights

If you have a terminal illness (an incurable or irreversible condition that has a high probability of causing death within one year or less) and proposed treatment is denied because the treatment is determined to be experimental or investigational, you may have the right to meet with us to discuss your case as part of the grievance process. Should you feel this applies to you and you would like to request a meeting, you may do so by calling us at **1-800-365-0609** or at the TDD line **1-866-333-4823** for the speech and hearing impaired. This right is in addition to any other dispute resolution options available to you as explained in this notice.

For Blue Cross use only: Blue Cross Representative:	Unit/Location:	Date: