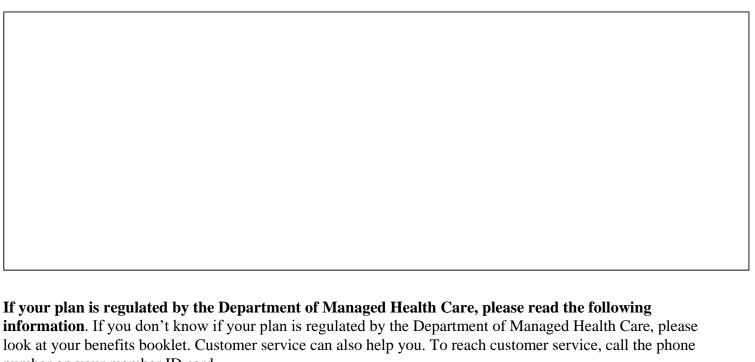


Member Grievance Form

You may use this form to submit a grievance. Please attach any information you have to support the request. Send the form and any supporting information to: Grievances and Appeals, P.O. Box 4310, Woodland Hills, CA 91365-4310. Or, you may call the toll-free phone number on your member ID card to ask customer service to fill out the form for you. We will send a response to your grievance within 30 calendar days from the date we receive it.

Member Name:	ID Number (see member ID card):	
Group Number (see ID card):	Phone Number(s):	
Address:		
If you are not the member, please provide the following information:		
Your Name:	Relationship to Member (if applicable):	
Your Phone Number(s):		
Your Address:		
Are you the member's authorized representative Note: We must have written authorization to allow you to legal guardian.	or legal guardian? Yes No act on the member's behalf if you aren't their authorized representative or	
Please explain your grievance. Include, if av • The name of the provider who will or ha • The date(s) of service; • The claim or reference number for the sp • The specific reason(s) why you don't agr	s provided care; becific decision that you don't agree with; and	



number on your member ID card.

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 1-800-365-0609 or at the TDD line 1-866-333-4823 for the hearing and speech impaired 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 www.dmhc.ca.gov has complaint forms, IMR application forms, and instructions online.

If your plan is regulated by the California Department of Insurance, please read the following **information.** If you don't know if your plan is regulated by the California Department of Insurance, please look at your benefits booklet. Customer service can also help you. To reach customer service, call the phone number on your member ID card.

The California Department of Insurance 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 1-800-365-0609 or at the TDD line 1-866-333-4823 for the hearing and speech impaired 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. If you and your plan don't come to a solution that you are happy with, or you haven't been able to solve the problem through arbitration with your plan, you can contact the CDI:

California Department of Insurance Consumer Communications Bureau 300 Spring Street, South Tower Los Angeles, CA 90013

Phone: 1-800-927-HELP (4357) or 1-213-897-8921

TDD number: 1-800-482-4TDD (4833)

http://www.insurance.ca.gov/

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 the proposed treatment is denied because it is considered 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 call customer service toll free at 1-800-365-0609 or 1-866-333-4823 for the hearing and speech and impaired. This right is in addition to any other dispute resolution options available to you as explained in this notice.

Signature:		Date:	
For Use by Anthem Blue Cross/Anthem Blue Cross Life and Health Only			
Representative Name:	Unit/Location:	Date:	