



## MEMBER GRIEVANCE AND APPEAL FORM

### **STEP 1:**

Please call a Member Services Representative to discuss your complaint. He or she may be able to save you time and resolve your issue. A CCA Health Member Services Representative is available to help you at 1-866-333-3530 for additional information. (TTY users should call 711). Hours are 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, except holidays, and 8 a.m. to 8 p.m., Monday through Friday, from April 1 through September 30, except holidays. Messages received on holidays and outside of our business hours will be returned within one business day.

### **STEP 2:**

Please complete the Member Grievance and Appeal Request form below with as much information as possible. You may also choose to send your own letter describing your concerns.

### **STEP 3:**

If you appoint someone to act as your representative with your grievance or appeal, you and your Appointment of Representative (AOR) must send a completed Appointment of Representative form. Please contact a CCA Health Member Services Representative to have the AOR form mailed to you. Also, the AOR form is available via our website: [www.ccahealthca.org](http://www.ccahealthca.org).

Sending in all the necessary forms together as described above will support a timely review.

### **STEP 4:**

Once this form is completed please return this form and/or appointment of representative documentation via facsimile at 1-866-207-6539 or mail to:

CCA Health California  
Attention: Grievances and Appeals Department  
18000 Studebaker Road, Suite 150  
Cerritos, CA 90703

MEMBER NAME:	DAYTIME PHONE:
ADDRESS:	
MEMBER ID #:	DATE OF EVENT:
DATE OF SERVICE OF GRIEVANCE OR APPEAL:	
NAME OF FACILITY OR PROVIDER INVOLVED (if applicable):	
FACILITY OR PROVIDER PHONE #:	FACILITY OR PROVIDER ADDRESS:



Please provide information about your complaint. Please feel free to attach extra pages if you need more space.

Lined area for providing complaint information.

MEMBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ (We must have your signature and date in order to process your appeal)

CCA Health Choice (HMO) and Plus (HMO) are health plans with a Medicare contract. Enrollment depends on contract renewal. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-333-3530 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-333-3530 (TTY:711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-333-3530 (TTY : 711) 。