



COMPLAINT – APPEAL FORM

Send to: CenCal Health
 Member Services Department
 at 4050 Calle Real – Santa Barbara, CA 93110
 Toll Free Telephone Number 1-877-814-1861 Fax: 805-692-1684

- Healthy Families
- Prenatal PLUS 2 (PP2)
- Healthy Kids
- In-Home Supportive Services (IHSS)

CenCal Health will acknowledge receipt of your complaint or appeal in writing within (5) five calendar days, and respond to your complaint or appeal in writing within (30) thirty calendar days.

Member Name:	Birth Date:	Social Security Number:
Street Address:		
City	State	Zip
Telephone:		
Name of Provider:		
Description of your complaint / appeal. Please provide dates, times, places and names. Use second sheet or backside if needed.		
Signature of Person Filling Out Form:		Date:

Terminal Illness – Investigational/Experimental Face-to-Face Conference - Pursuant to State of California Health & Safety Code Knox-Keene Act 1370.4

I _____, (name of enrollee) hereby request a face to face conference with CenCal Health. I understand this conference with CenCal Health shall be provided me within thirty (30) calendar days of my request, or within 5 days if it is determined by my health plan physician and the CenCal Health’s Medical Director, that the effectiveness of either the proposed treatment or requested treatment would be materially reduced if not provided at the earliest date.

“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 plan by calling **1-(877) 814-1861**, for the hearing or speech impaired, **1-(805-685-4131)** and use the 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.”