



Important Information!

Regarding the Language Assistance Program

Grievance/Dissatisfaction Form

(This form is used by CA DHMO Members only.)

Completed United Concordia Dissatisfaction report must be submitted to:

United Concordia Companies, Inc.
Customer Service Department
P.O. Box 10194
Van Nuys, CA 91410-0194

Member's Name: _____ Group Number: _____
 Identification Number: _____ Plan Type: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 E-mail Address: _____ Birth Date*: _____
 Dentist's Name: _____ Dental Office ID Number: _____
 Report relates to: -- please select one --
 Subscriber Dependent Dependent's Name: _____

Dissatisfaction (PLEASE EXPLAIN FULLY):

Recommendation (ACTION REQUESTED BY MEMBER):

"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 1-866-357-3304 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 a speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online."

Signature: _____ Date: _____