

MEMBER GRIEVANCE FORM

**Santa Clara Family Health Plan
210 East Hacienda Avenue
Campbell, CA 95008
www.scfhp.com
Phone: 800-260-2055
Fax: 408-874-1962**

Member Name:	Member ID Number:	Today's date:
Street Address:	City:	Zip:
Daytime phone:	Cell phone	Date of birth
Name of person filing if different than above/relationship		Telephone:
Describe the problem in detail:		Date of problem:
What would you like someone to do about the problem:		
Will you need language assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		What language?
Do you have a problem that needs medical attention in the next three days, or are in severe pain?		
Signature:		Date:
SCFHP USE ONLY: <input type="checkbox"/> Grievance <input type="checkbox"/> Appeal		SCFHP RECEIPT DATE:

Santa Clara Family Health Plan can help you fill out this form. Call us Monday through Friday @ 800-260-2055 from 8:30 AM to 5:00 PM. Or, someone will contact you by phone as soon as we receive this form. We will assist you in any way we can and answer any questions that you have. We can help you in any language.

The Department of Managed Health Care requires Santa Clara Family Health Plan to inform you of the following:

The California Department of Managed Health Care is responsible for regulating health care service plans in California. If you have a Grievance against SCFHP, you should telephone Member Services at 800-260-2055 or TDD 1-800-735-2929 and use SCFHP's Grievance process before contacting the department. Utilizing this Grievance procedure does not prohibit any 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 SCFHP, or a grievance that has remained unresolved for more than thirty (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 an IMR, the IMR process will provide an impartial view 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 and Urgent medical Services.**

The department also has a toll free telephone number, 1-888-HMO-2219, to receive complaints regarding health plans. Individuals who are deaf, hard of hearing, or speech impaired can use the toll free TDD number, 1-877- 688-9891, to contact the department. Also, you may obtain complaint forms, IMR application forms and instructions online on DMHC's website at www.hmohelp.ca.gov.

If you are a Medi-Cal beneficiary:

You can request a State Fair Hearing. If you decide to request a hearing, you must do so within 90 days of the mailing of your notice. Please contact Santa Clara Family Health Plan for the forms that you need. They are also available from the Santa Clara County Department of Social Services.

Information about the State Fair Hearing process is also available by writing:

California Department of Social Services

State Hearing Division

PO Box 944243

MS 19-37

Sacramento, CA 94244-2430

Or by calling 800-952-5253. The TDD number is 800-952-8349.