

Patient:	Mambar Id	#:Gender
		#Gender
The second secon		
Address:	Phone:	
(Work)		
(Home)		Is it okay to leave a msg? at W: Y/N at H: Y/N?
(Email Address)		
Who is the complaint abo	out?	***************************************
(name provider/facility or MHN)		Mail to: MHN-Grievance & Appeals P.O. Box 10697
What is your Intake/Reference#? (if known)		San Rafael, CA 94912
What is your Account # a	and Plan Name? (if known)	Please call (888) 426-0028 if you have any questions Website: MHN.com
DESCRIPTION of COM	PLAINT:	

(Please attach additional paper if needed)

Department of Managed Health Care

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 1-888-426-0028 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.

Independent Medical Review

You may request an Independent Medical Review (IMR) of disputed health care services through the Department of Managed Health Care if you believe that health care services eligible for coverage and payment under your plan have been improperly denied, modified, or delayed by your plan or one of its contracting providers. A "Disputed Health Care Service" is defined as any health care service eligible for coverage and payment under your plan that has been denied, modified, or delayed by your plan or one of its contracting providers, in whole or in part because the service has been determined to be not medically necessary. The IMR process is in addition to any other procedures or remedies that may be available to you. Additional information about IMR can be obtained from the Department of Managed Health Care (www.hmohelp.ca.gov). Requests for benefits beyond those included in your health care benefits package are not eligible for an IMR. The independent review process is not available to enrollees in *self-insured plans*.