



Physical Health of California

OptumHealth Physical Health of California  
(ACN Group of California, Inc.)  
Member Grievance Form – Large Print

If you are not satisfied with any aspect of your contact with ACN Group of California, Inc., an ACN-Contracted Provider or its representatives please complete this form and return it to the address provided on this form.

Information of Person Submitting Grievance:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST CA Zip Code \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_

Relationship to Patient:

Self       Personal Representative       Employer  
 Patient’s Practitioner       Other \_\_\_\_\_

Patient’s Information:

Name: \_\_\_\_\_  
Patient Health Plan: \_\_\_\_\_  
Patient ID#: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Treating Provider’s Information:

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_

Please see page 4 for important information regarding Member Grievance Rights



I attest that all of the information I completed above is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please forward this completed form by mail to:

OptumHealth Physical Health of California  
P.O. Box 880009  
San Diego, CA 92168  
Attention: Grievance Coordinator

Please see page 4 for important information regarding Member Grievance Rights

California Department of Managed Health Care Notification Grievance Process and Independent Medical Review
---

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 **1-800-428-6337** or for **TDDY services call 1-(888) 877-5379 (voice), or 1-(888) 877-5378 (TDDY)** 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 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.

## California Language Assistance Program Notice

### English

#### **IMPORTANT LANGUAGE INFORMATION:**

You may be entitled to the rights and services below. These rights apply only under California law. However, these rights do not apply to all California residents. These rights do not apply to all languages.

You can get an interpreter to help you talk with your doctor or health plan. To get help in your language, please call your health plan at:

ACN Group of California, Inc. 1-800-428-6337 / TTY: 711

Language services are at no cost to the enrollee. Written information may be available in some languages. If you need more help, call HMO Help Line at 1-888-466-2219.

### Spanish

#### **INFORMACIÓN IMPORTANTE SOBRE EL IDIOMA:**

Es posible que tenga derecho a los derechos y servicios que se indican a continuación. Estos derechos se aplican sólo conforme a la ley de California. No obstante, estos derechos no se aplican a todos los residentes de California. Estos derechos no se aplican a todos los idiomas.

Puede obtener la ayuda de un intérprete para hablar con su médico o plan de salud. Para obtener ayuda en su idioma, llame a su plan de salud al:

ACN Group of California, Inc. 1-800-428-6337 / TTY: 711

Los servicios en otros idiomas son gratuitos para el afiliado. Es posible que haya información impresa disponible en otros idiomas. Si necesita más ayuda, llame a la Línea de Ayuda de la HMO al 1-888-466-2219.

### Chinese

#### **重要語言資訊：**

您可能有權擁有下列權利並取得下列服務。這些權利僅按 California 法律規定而適用。

然而這些權利並不適用於所有 California 居民。這些權利並不適用於所有語言。

您可以取得口譯員服務，協助您和醫師或健保計畫溝通。如需取得您語言的協助，請撥打下列電話與您的健保計畫聯絡：

ACN Group of California, Inc. 1-800-428-6337 / TTY: 711

計畫參加者不須支付語言服務費用。部分語言備有書面資訊。若您需要更多協助，請撥打 HMO 協助專線 1-888-466-2219。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1-800-428-6337, TTY 711.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-428-6337, TTY 711 번으로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang 1-800-428-6337, TTY 711.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Пожалуйста, позвоните 1-800-428-6337, TTY 711.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال على  
TTY 711، 1-800-428-6337.

注意事項：日本語(Japanese)を話される場合、無料の言語支援サービスをご利用いただけます。1-800-428-6337, TTY 711にお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره  
TTY 711، 1-800-428-6337 تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** भाषी हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपया 1-800-428-6337, TTY 711 को कॉल करें।

CEEV TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau 1-800-428-6337, TTY 711.

ខ្លឹមសារ: បើ អ្នក រៀន ភាសា **ខ្មែរ (Khmer)** រួច ហើយ ក៏ អាច ទទួល បាន ការ ជួយ បន្ថែម ដោយ ឥត គិត ថ្លៃ បាន ផង ដែរ ។  
សូម ទូរស័ព្ទ ទៅ លេខ 1-800-428-6337, TTY 711 ។

Ուշադրություն: Եթե **հայերեն (Armenian)** եք խոսում, անվճար լեզվաբան օգնություն ծառայություններ են հասանելի Ձեզ: Խնդրում ենք զանգահարել 1-800-428-6337, TTY 711 համարով:

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ (**Punjabi**) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ 1-800-428-6337, TTY 711 'ਤੇ ਕਾਲ ਕਰੋ।

โปรดทราบ: หากคุณพูดภาษาไทย (Thai) มีบริการความช่วยเหลือด้านภาษาให้แก่คุณโดยที่  
คุณไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด โปรดโทรศัพท์ถึง 1-800-428-6337, TTY 711