



2349 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833

916.563.3180 local  
888.227.5942 toll-free

westernhealth.com

## Grievance Form

If you are having problems with Western Health Advantage or a Western Health Advantage provider, give us a chance to help. You may file a formal complaint or grievance at any time.

*Note: You are not required to use this form to file a grievance or complaint. If you prefer, you may telephone Western Health Advantage at 888-563-2250 to file your complaint or grievance.*

If you wish to use this form, to start the grievance process, fill out the form below. Describe the situation in detail, including the specific details of the problem such as where and when it happened, and what you believe Western Health Advantage can do to resolve the concern.

<b>Name:</b>	
<b>Date of Birth:</b>	<b>WHA ID Number:</b>
<b>Address:</b>	
<b>Phone:</b>	
<b>Email Address:</b>	
<b>Best way to reach you?</b>	<b>Best hours?</b>

**Details of your complaint:** (Please be as specific as possible with dates, times and the nature of the problem. Include the names, if any, of anyone in the office with whom you discussed this. Use the other side of this form or additional sheets if you need more room.)

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Signature

Date

**This section is to be completed by the reviewer:**

<b>Date received:</b>	<b>Reviewed by:</b>
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**Reviewer's Comments:**

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[westernhealth.com](http://westernhealth.com)

**Please send your completed Grievance Form to:**

**Western Health Advantage**

Attn: Grievance & Appeals  
2349 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833

Member Services: 888.563.2250 or 916.563.2250  
TDD-TTY: 888.877.5378  
Fax: 916.563.2207

**NOTICE TO THE MEMBER OR YOUR REPRESENTATIVE:**

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 888.563.2250 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 an 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.

IMPORTANTE: ¿Puede leer este documento? Si no, nosotros le podemos ayudar a leerlo. Además, usted puede recibir el documento escrito en español. Para obtener ayuda gratuita, llame ahora mismo a Western Health Advantage al (888) 563-2250, de lunes a viernes de 8am a 5pm.