

Privacy Complaint Form



Mail to: Western Health Advantage Mail Service, Attn: Member Services
PO Box 4457, Portland, OR 97208-4457

Fax to: 916.678.5440

Questions? 916.563.2250 | 888.563.2250 toll-free | 711 TTY

You have a right to complain about our privacy policies, procedures or actions. WHA will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. You are not required to use this form to make a complaint. You may call or send a letter using the contact information above.

Please complete the sections below:

First Name _____ Last Name _____ MI _____
Address _____ Apt./Unit# _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Email _____

What is the best way to reach you? Home Phone Work Phone Email

What are the best hours to reach you? _____

Are you filing this complaint for someone else? Yes No

If Yes, please provide the following information: Your Name _____
Relationship to Member _____

Details of your complaint: Please be as specific as possible with the date(s), name(s) and other information regarding your concern(s) or complaint(s). Use reverse if you need more space.

Western Health Advantage is an HMO plan with a Medicare contract. Enrollment in the health plan depends on contract renewal.

