SHARP HEALTH PLAN
make life better.

MEMBER GRIEVANCE / APPEAL FORM

MAIL OR FAX YOUR COMPLETED FORM TO:
8520 Tech Way, Suite 200
San Diego, CA 92123
FAX (619) 740-8572

**If you believe this case involves an emergency,
call Sharp Health Plan immediately toll-free at (800) 359-2002.**

Member Information

Name (Last, First, Middle Initial) Member Plan ID Number

Mailing Address (Street, City, State, Zip)

Daytime Area Code/Telephone Number Evening Area Code/Telephone Number

Patient Information

(If Patient is different than Member)

Name (Last, First, Middle Initial) Member Plan ID Number

Mailing Address (Street, City, State, Zip)

Daytime Area Code/Telephone Number Evening Area Code/Telephone Number

Provider Information

(If applicable)

Doctor/Provider/Medical Group Name Area Code/Telephone Number

Address (Street, City, State, Zip)

Instructions:

Briefly outline the specific details of the problem and identify when the event(s) occurred. PLEASE BE SPECIFIC. Please include a statement regarding the outcome desired and what you believe the Plan can do to resolve your concern. If you have copies of documents, bills, checks, or other correspondence related to this problem that may help in the investigation and resolution, please include them with this form. If you need more pages to describe the issue, please attach them to this form.

Member / Patient Signature – I certify that this information is true and correct **Date**

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 **1-800-359-2002** 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 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.