MOLINA HEALTHCARE

Your Extended Family.

Molina Healthcare Grievance Form

This form is for filing a formal grievance regarding any aspect of care or service provided to you. Molina Healthcare **is required by law** to respond to your grievances. A detailed procedure exists for resolving these situations. If you have any questions, please feel free to call the Molina Healthcare Customer Service Department (Please see below table for the member service number corresponding to your state plan).

Member Services

Please see your state number listed below**:**

California	(800) 665-0898 (TTY 711)
Florida	(866) 553-9494 (TTY 711)
Michigan	(800) 665-3072 (TTY 711)
New Mexico	(866) 440-0127 (TTY 711)
Ohio	(866) 472-4584 (TTY 711)
Texas	(866) 440-0012 (TTY 711)
Utah	(888) 665-1328 (TTY 711)
Utah Healthy Advantage	(877)-644-0344 (TTY 711)
Virginia	(844) 509-7583 (TTY 711)
Washington	(800) 665-1029 (TTY 711)
Wisconsin	(855) 315- 5663 (TTY 711)

7 days a week, 8 a.m. to 8 p.m., local time

Please print or type the following information:

_____

Member Name (Last, first, middle initial)

_____ _____

Address Home Phone Number

_____ _____

City, State, Zip Alternate Phone Number

_____ _____

Member ID# Date of Birth

Please state the nature of the grievance, giving dates, times, persons, places, etc. involved. Please send copies of any additional information that may be relevant to your grievance or appeal to:

Molina Healthcare
Appeals and Grievances
P.O. Box 22816
Long Beach, CA 90801-9977
Fax#: <(562) 499-0610>

Please sign below and forward to Molina Healthcare at the address above.

Signature_____
Date_____

Signature of Representative_____
Date_____

If the grievance is filed by someone other than the member, please fill out and sign the **Appointment of Representative** Form available on the Molina Healthcare website and submit it with this Grievance Form.

Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Options Plus depends on contract renewal.

Molina Medicare Choice HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Choice depends on contract renewal.

This information is available in other formats, such as Braille, large print, and audio.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-3086 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-3086 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-3086（TTY：711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-665-3086 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-3086 (TTY: 711) 번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-665-3086 (رقم هاتف الصم والبكم: 711)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-665-3086 (TTY: 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-665-3086 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-800-665-3086 (TTY: 711.)