



Date \_\_\_\_\_

### Grievance form

Subscriber name \_\_\_\_\_ Subscriber number \_\_\_\_\_

Contact name \_\_\_\_\_ Relationship to subscriber \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home telephone \_\_\_\_\_ Day phone \_\_\_\_\_

Preferred means of communication:  U.S. mail  Email to \_\_\_\_\_

Patient name \_\_\_\_\_ Date(s) of service \_\_\_\_\_

Claim number \_\_\_\_\_ Provider name \_\_\_\_\_

Billed amount \$ \_\_\_\_\_ Is this related to failure to provide trans-inclusive health care?  
If yes, check this box.

Please describe your grievance providing as much detail as possible. Use additional pages if necessary. Attach any related documentation to this form. Please mail the completed form and attachments to the Customer Service Department at the address located on the back of this form.

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**For your protection, California law requires the following to appear on this form:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Please see reverse side for important information**

## Blue Shield of California member grievance procedure

If you disagree with Blue Shield of California's (Blue Shield) determination, you, your provider, or an attorney or representative on your behalf may file a grievance by 1) calling the Customer Services Department toll-free number, 2) writing to the Customer Services Department, or 3) by submitting a completed Grievance Form. The completed Grievance Form should be submitted either online or to the address below. Grievances are resolved within 30 days. The grievance system allows you to file standard or expedited grievances within 180 days following an incident or action that is subject to your dissatisfaction. Please include any documents or information that you believe may be relevant to the review of your grievance.

- Call the number on your identification card or **(800) 393-6130**
- 711 (TTY) for the hearing and speech impaired
- Online: **blueshieldca.com**
- Write: Blue Shield of California  
Attn: Customer Service Grievances  
P.O. Box 5588  
El Dorado Hills, CA 95762-0011

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### Expedited decisions

You have the right to an expedited decision when the routine decision-making process might pose an imminent or serious threat to your health, including, but not limited to severe pain, potential loss of life, limb, or major bodily function. Blue Shield will evaluate your request and medical condition to determine if it qualifies for an expedited decision, which will be processed as soon as possible to accommodate the patient's condition, not to exceed three (3) calendar days. To request an expedited decision, you or your physician on your behalf can call or write to Customer/Member Services as listed above. Specifically state that you want an expedited decision, and that waiting for the standard process might seriously jeopardize your health.

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### The Department of Managed Health Care notification

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 **(800) 393-6130** 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 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 **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms, and instructions online.

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### Independent Medical Review (IMR) through the DMHC – Voluntary appeal procedure

Members have the right to request an Independent Medical Review (IMR) through the Department, as indicated in the above paragraph. Members may apply for IMR if A) the member's provider has recommended a health care service as medically necessary, or B) the member has received urgent care or emergency services that a provider determined was medically necessary, or C) in the absence of a provider recommendation or the receipt of urgent care or emergency services, the member has been seen by an in-plan provider for the diagnosis or treatment of the medical condition for which the member seeks independent review. Expedited external medical review can occur concurrently with the internal appeals process for urgent care. Members can contact the Department directly.

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### Employee Retirement Income Security Act (ERISA) notification

If your employer's health plan is governed by the Employee Retirement Income Security Act ("ERISA"), you may have the right to bring a civil action under Section 502(a) of ERISA if all required reviews of your claim have been completed and your claim has not been approved. Additionally, you and your plan may have other voluntary alternative dispute resolution options, such as mediation.

You are entitled to, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.