Landmark

Healthplan

CALIFORNIA GRIEVANCE FORM

Landmark Healthplan of California, Inc.

2629 Townsgate Rd, Suite 235, Westlake Village, CA 91361

Phone (800) 298-4875 • FAX (916) 929-2048

Basic Information

FOR OFFICE USE ONLY: Method of Grievance
□ Telephone □ Mail □ Hand delivered

Please check one: The person submitting this grievance, or complaint, is:

□ Patient □ Patient's Representative □ Practitioner of Care □ Employer or Broker

□ Other (Please specify): _____

Your Name_____ Telephone # (_____)_____

Your Address_____

City, State_____ ZIP Code _____

Patient's Name:_____ Relationship to Patient: _____

Health Plan Name_____ Patient ID # (if known): _____

Grievance Information

Please provide names, phone numbers and addresses of other persons referenced in your grievance, such as your doctor. Please indicate whether this person is the patient, a doctor, an employer group or other individual. Attach additional sheets if necessary.

Name_____ Telephone Number (___)_____

Address_____ City, State_____ ZIP Code: _____

□ Patient □ Practitioner □ Employer or Broker □ Other (please specify):_____

Name_____ Telephone Number (___)_____

Address_____ City, State_____ ZIP Code: _____

□ Patient □ Practitioner □ Employer or Broker □ Other (please specify):

Subject of Your Grievance_____

_____

_____

Signature_____ Date_____

ADDITIONAL INFORMATION REGARDING THE GRIEVANCE PROCESS

- You may initiate the grievance process at any time by submitting a written or verbal grievance to Landmark at the address and phonenumber listed on the top of this form. A grievance may also be submitted through a secure link on Landmark's website at www.landmarkhealthcare.com. **For confidentiality purposes, do not send grievance information by e-mail.**
- Include all appropriate documentation you would like considered during review of your grievance, such as **service dates**, **copies of claims**, **names and phone number of people referenced in your grievance,** or of **people you may have spoken with regarding your grievance**.
- You will receive an **acknowledgement letter within 5 business days** of Landmark receiving your grievance. Landmark will review your complaint and inform you of our **decision in writing within 30 days**. If your case involves an imminent and serious threat to your health, including but not limited to severe pain, the potential loss of life, limb, or major bodily function, we will expedite the process as an urgent grievance within three (3) days from receipt of your request.
- 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 **(1-800-298-4875)** 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 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 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 has a toll free 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.