MEMBER REPORT OF COMPLAINT/GRIEVANCE

In order to file a complaint (also known as a grievance), you may call Kern Family Health Care or complete the following form and return it to the Kern Family Health Care Member Services Department, or use our website (www.kernhealthsystems.com). Following receipt of your complaint (also known as a grievance), Kern Family Health Care will send you additional information within (5) calendar days. **The Member Services Department can be reached at (800) 391-2000 if you need assistance.**

Member's Name: _____ Date: _____

Member's I.D.#: _____Effective Date of Coverage:_____

Address: _____
(Street)

_____ _____ _____
(City) (State) (Zip)

Phone: _____ _____
(Home) (Work)

Name of Person Making/ Filing Complaint: _____
Relationship to Patient: _____
Phone Number (if different): _____
Complaint Summary: _____

Desired Outcome/Resolution:

Please see the back of this form for additional important information.

Member's Signature: _____ Date: _____

Si usted necesita esta carta en Español, por favor llame al Departamento de Servicios de Miembros al (800) 391-2000

You can contact Kern Family Health Care at the following address and/or phone number:

9700 Stockdale Highway
Bakersfield, CA 93311
1-800-391-2000
www.kernfamilyhealthcare.com

Kern Family Health Care resolves grievances within 30 days.

If your case involves an imminent and serious threat to the health of the patient, including, but not limited to, severe pain, potential loss of life, limb, or major bodily function, it will be classified as an expedited grievance. We will send you a written statement on the disposition or pending status of an expedited grievance within 3 days of receipt.

The California Department of Managed Health Care (DMHC) 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 **1-800-391-2000** 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-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet website **(http://www.hmohelp.ca.gov)** has complaint forms, IMR application forms and instructions online.