

Grievance/Appeal Consent Form



San Francisco Health Plan

Grievance Coordinator
P.O. Box 194247
San Francisco, CA 94119
sfhp.org

Phone: 1(415) 547-7800 or 1(800) 288-5555 (Medi-Cal and Healthy Workers HMO members)

Phone: 1(415) 539-2273 or 1(833) 530-7327 (SFHP Care Plus members)

Fax: 1(415) 547-7825

Member Name:

SFHP ID:

DOB:

Case Number:

On _____, _____ submitted a grievance appeal to San Francisco Health Plan (SFHP) on your behalf about _____

You have not previously named _____ as your authorized representative. You must give your consent for SFHP to continue processing this grievance or appeal. By signing this consent form, you understand:

- You give SFHP permission to investigate and process this grievance or appeal. This may involve SFHP contacting providers or other individuals named in the grievance or appeal for more information.
- If SFHP does not receive this written consent from you, SFHP will close and withdraw this grievance or appeal.
- You may refuse to sign this consent form.
- You may cancel this consent at any time by contacting SFHP Customer Service.
- You may get a copy of this consent form upon request.
- You may get copies of the protected health information that is used or disclosed related to this grievance or appeal upon request.
- This written consent becomes effective on the date of your signature and expires on or one year from the date of your signature.

Once signed, please send the form back to SFHP by mail, fax, or email.

Member Signature: _____ **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(415) 547-7800** or **1(800) 288-5555** (for Medi-Cal and Healthy Workers HMO members), or at **1(415) 539-2273** or **1(833) 530-7327** (for SFHP Care Plus members) 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 resolved 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.

The State Medi-Cal Managed Care "Ombudsman Office" can help you with any questions. You can call them at **1(888) 452-8609**. Hours of operation are Monday through Friday, 8:00am to 5:00pm PST, excluding holidays.

For SFHP Care Plus members, you may call the Health Insurance Counseling and Advocacy Program (HICAP) at **1(800) 434-0222**. You may also call the Medicare Medi-Cal Ombudsman Program at **1(855) 501-3077**. You may also call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users call **1(877) 486-2048**.

You can also get help from your doctor, or call SFHP Customer Service. Medi-Cal and Healthy Workers HMO members call **1(415) 547-7800** or **1(800) 288-5555** Monday through Friday from 8:00am to 5:00pm. SFHP Care Plus members call **1(415) 539-2273** or **1(833) 530-7327** from 8:00am to 8:00pm, seven days a week from October through March, or Monday through Friday from April through September.

Enclosures:

Language assistance information

Nondiscrimination notice