Member Request Appeal or Grievance Form

Use this form to request a coverage decision, appeal or to file a grievance for any part of care or service you had from OneCare (HMO D-SNP). Complete and return this form to us in person, by mail or fax to **1-714-481-6499**.

Print clearly or type below:

_____ _____

Member Name (*First*) (*Middle initial*) (*Last*) Member ID #

_____

Mailing Address (*City*) (*State*) (*Zip Code*)

(_____)_____ _____

Phone Number Date of Birth (*MM/DD/YY*)

Briefly describe the reason for your appeal, grievance or request (including requests for exception of our drug coverage). State the service, drug name, dates, times, persons, places, etc. Provide exact details and use a second sheet of paper if needed. Attach copies of any letters, details or records that will support your appeal, grievance or request. Be sure to write your name and Member ID # on all pages.

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Date_____ **Signature**_____

If you have any questions, contact OneCare Customer Service toll-free at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. We have staff who speak your language. You may also visit our office Monday through Friday 8 a.m. to 5 p.m., at **505 City Parkway West, Orange, CA 92868** or visit us at **www.caloptima.org/onecare**.

Note: If you have someone other than your doctor or prescriber file your request, please complete and submit the **Appointment of Representative Form** which can be printed from the CalOptima OneCare website at **www.caloptima.org/onecare** or by calling the OneCare Customer Service toll-free at **1-877-412-2734** (TTY **711**). Please refer to your Evidence of Coverage book for complete information on what to do if you have a problem.

Please refer to your Member Handbook for complete information on what to do if you have a problem or complaint.

OneCare (HMO D-SNP), a Medicare Medi-Cal plan is a Medicare Advantage organization with a Medicare contract. Enrollment in OneCare depends on contract renewal. OneCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Contact OneCare Customer Service toll-free at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week.