MEDICAL EYE SERVICES, INC.

P.O. Box 25209; Santa Ana, CA 92799-5209

Grievance Form

Please use this form to submit grievances relating to services, personnel, provider offices, or any other aspect of your plan that reflects you as a participant:

Employee Name _____
(Please print) Last First Middle Initial

Patient Name _____
Last First Middle Initial

Address _____

Employee ID # or SS # _____ Telephone Number _____

Name of Employer/Group _____ Policy Number _____

Provider Name/City _____ Date of Service _____

GRIEVANCE: Please include the details leading to your grievance, name(s) of others involved, and any related documents/ receipts. Attach additional sheets if necessary.

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Signature_____

Print Name_____

If you are completing this form on behalf of the patient, please provide the following information:

Name/Relationship _____

Address_____ Daytime Telephone # _____

If you need assistance or have questions regarding the grievance process, please call the MES Customer Service Department at **1-800-877-6372 or 714/ 619-4660**. The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your plan, you should first telephone your health plan at **1-800-877-6372 or 1-714-619-4660** 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 grievance forms, IMR application forms, and instructions online. If you have a grievance against your health plan, you should first telephone your plan at **(1-800-877-6372)** and use the plan's grievance process before contacting the department. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. The plan's grievance process and the department complaint review process are in addition to any other dispute resolution procedures that may be available to you, and your failure to use these processes does not preclude your use of any other remedy provided by law.