

## Confidential Member Complaint (Grievance) Form

This form is optional. You may also file a complaint by calling Health Plan of San Mateo Grievance and Appeals Unit.

If you have questions about this form or would like to file a complaint verbally, please call us at **1-888-576-7227** or **650-616-2850**. TTY users may call **1-800-735-2929** or dial **7-1-1**. Our office hours are Monday through Friday, 8:00 AM to 5:00 PM.

We want to help you resolve your complaint to your satisfaction as quickly as possible. We will not discriminate against you or limit your benefits because you express concerns or file a complaint. Your provider (doctor) also cannot discriminate against you because you file a complaint.

Member's Name	ID Number	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>		

- Complaint Filed By:
- Member/Self
  - Parent/Guardian (if Member is under 18 years old)
  - Provider
  - Authorized Representative
- \*If this complaint is being filed by the Member's Authorized Representative, an Appointment of Representative (AOR) Form or other written proof of legal representation is required. To obtain an AOR Form, please call Grievance and Appeals at **1-888-576-7227** or **650-616-2850**. You can also find the AOR form online at [www.hpsm.org](http://www.hpsm.org).
- Other (Please state your relationship to the Member):

Please describe the problem in detail:

When did this incident happen?

Where did it happen?

What would you like to see happen?

If your complaint is against your doctor or other provider, please complete the section below:

Name of Provider/Doctor:

Provider's Phone Number (if available):

Provider's Address (if available):

City

State

Zip Code

Do you have a problem that needs medical attention in the next three days, or are you in severe pain?  
(If you need immediate medical attention, please go to the nearest emergency room.)

Yes

No

If yes, please explain:

Signature

Date

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Please send us your completed form by mail to:

Or by fax to:

Health Plan of San Mateo  
Attn: Grievance and Appeals Unit  
801 Gateway Blvd., Suite #100  
South San Francisco, CA 94080

**650-829-2002**

After receiving this completed form, an HPSM's Grievance and Appeals Coordinator will call you to discuss your complaint and to review HPSM's grievance (complaint) process.

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The Department of Managed Health Care requires Health Plan of San Mateo to inform you of the following:

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against HPSM, you should first telephone HPSM at **1-800-750-4776** and use HPSM'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 HPSM, 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 HPSM 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 web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms, and instructions online.