Northern California Member Services - Address List for Grievance Form

Please send your completed grievance form to the applicable facility or location below. If you have questions about this form, call the Member Services Call Center at 1-800-464-4000 (TTY 1-800-777-1370) weekdays from 7 a.m. to 7 p.m. and weekends from 7 a.m. to 3 p.m.

Antioch

Kaiser Permanente Member Services Main Office 3400 Delta Fair Blvd. Antioch, CA 94509

Fremont

Kaiser Permanente Member Services Main Office 39400 Paseo Padre Parkway Fremont, CA 94538

Fresno

Kaiser Permanente Member Services Main Office 7300 N. Fresno St. Fresno, CA 93720

Hayward

Kaiser Permanente Member Services Main Office 27400 Hesperian Blvd. Hayward, CA 94545

Manteca

Kaiser Permanente Member Services Main Office 1721 West Yosemite Avenue Manteca, CA 95337

Modesto

Kaiser Permanente Member Services Main Office 4601 Dale Road Modesto, CA 95356

Oakland

Kaiser Permanente Member Services Main Office 280 W. MacArthur Blvd. Oakland, CA 94611

Redwood City

Kaiser Permanente Member Services Main Office 1150 Veterans Blvd. Redwood City, CA 94063

Richmond

Kaiser Permanente Member Services Main Office 901 Nevin Ave. Richmond, CA 94801

Roseville

Kaiser Permanente Member Services Main Office 1600 Eureka Road Roseville, CA 95661

Sacramento/Fair Oaks

Kaiser Permanente Member Services Main Office 2025 Morse Ave. Sacramento, CA 95825

San Francisco

Kaiser Permanente Member Services Main Office 2238 Geary Blvd., 1st Floor San Francisco, CA 94115

San Jose (Santa Teresa)

Kaiser Permanente Member Services Main Office 275 Hospital Parkway Lobby Floor San Jose, CA 95119

San Rafael

Kaiser Permanente Member Services Main Office 99 Montecillo Road San Rafael, CA 94903

Santa Clara

Kaiser Permanente Member Services Main Office 710 Lawrence Expressway Department 162 Santa Clara, CA 95051

Santa Rosa

Kaiser Permanente Member Services Main Office 401 Bicentennial Way Santa Rosa, CA 95403

South Sacramento

Kaiser Permanente Member Services Main Office 6600 Bruceville Road Sacramento, CA 95823

South San Francisco

Kaiser Permanente Member Services Main Office 1200 El Camino Real S. San Francisco, CA 94080

Vacaville

Kaiser Permanente Member Services Main Office 3700 Vaca Valley Parkway Vacaville, CA 95688

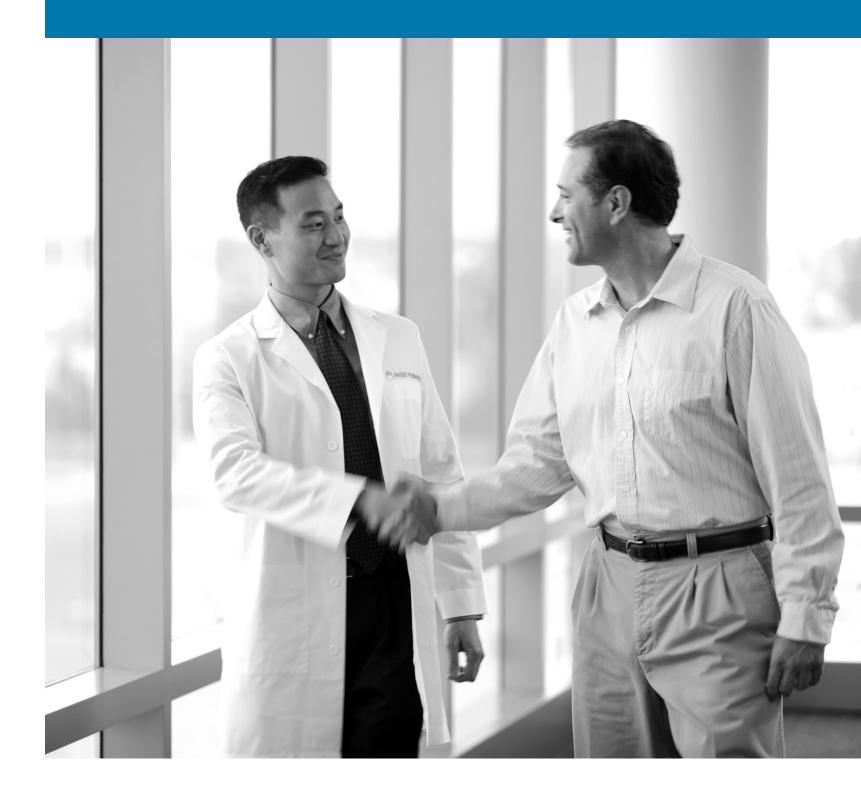
Vallejo

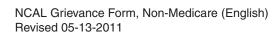
Kaiser Permanente Member Services Main Office 975 Sereno Drive Vallejo, CA 94589

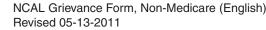
Walnut Creek

Kaiser Permanente Member Services Main Office 1425 S. Main St. Walnut Creek, CA 94596

MEMBER GRIEVANCE FORM







Questions, Concerns, Service Request, or Dissatisfaction with Care or Service

Kaiser Permanente's goal is to provide the highest possible member satisfaction. Each physician, employee, and volunteer is responsible for creating an outstanding care experience for every member, every time. This includes responding to any concerns or dissatisfaction that you might have. Our highest priority is to resolve every concern or dissatisfaction wherever you receive care.

Please ask to speak to the manager of the department if you have a question, concern, or are dissatisfied regarding the care or service you received. If you prefer to request a service, voice an issue or complaint, or file a benefit claim, you may file it with the Health Plan using the form provided here.

English:

This is important information from Kaiser Permanente. If you need help understanding this information, please call **1-800-464-4000** and ask for language assistance. Help is available from 7 a.m.–7 p.m., Monday–Friday and 7 a.m.–3 p.m., Saturday and Sunday.

Chinese:

這是來自 Kaiser Permanente 的重要資訊。如果您在理解此資訊方面需要協助,請致電 1-800-757-7585 並要求語言協助。服務時間,週一至週五,上午 7 時 至下午 7 時;週六及週日,上午 7 時 至下午 3 時。

Spanish:

Esta es información importante de Kaiser Permanente. Si necesita ayuda para entender esta información, llame al servicio telefónico gratuito **1-800-788-0616** y solicite ayuda en español, de 7 a.m. a 7 p.m. de lunes a viernes, y de 7 a.m. a 3 p.m. los sábados y domingos.

How to File a Grievance

You can file a grievance for any issue. Your grievance must explain your issue, such as the reasons why you believe a decision was in error or why you are dissatisfied with the services you received. You must submit your grievance orally or in writing within 180 days of the date of the incident that caused your dissatisfaction in one of the following manners:

- To a Member Services representative at your local Member Services Department (addresses to local Member Services Departments are included on the reverse side of the attached grievance form).
- To the Member Services Call Center, seven days a week, from 7 a.m. to 7 p.m.

English: 1-800-464-4000
Spanish: 1-800-788-0616
Chinese dialects: 1-800-757-7585
TTY: 1-800-777-1370

Online, through our website at kaiserpermanente.org



COMPLAINT OR BENEFIT CLAIM/REQUEST FORM—Non-Medicare Northern California						
MEMBER/PATIENT NA	ME			MEDICAL F	RECORD NUMBER	
ADDRESS	STREET			CITY		ZIP CODE
DAYTIME TELEPHONI	ENUMBER	ALTERNATE TELEPH	HONE NUMBER			BIRTH DATE
NAME OF PERSON FILING (IF DIFFERENT THAN ABOVE, A STATEMENT OF A REPRESENTATIVE FORM WILL BE MAILED TO THE MEMBER FOR COMPLET		 THORIZED DN)	RELATIONSHIP		DAY	L TIME TELEPHONE NUMBER
DEPARTMENT/LOCATION AND MEDICAL FACILITY WHERE ISSUE OCCURRED						DATE ISSUE OCCURRED
PLEASE DESCRIBE T	HE NATURE OF THE ISSUE (ATTACH ADDITIONAL SHEET	S IF NEEDED)				
PLEASE EXPLAIN HO	W YOU HAVE TRIED TO RESOLVE THIS ISSUE					
WHAT WOULD YOU C	ONSIDER A PROPER SOLUTION TO THIS ISSUE?					
SIGNATURE					DATE	
For Progra	m Representative Use Only					
NAME OF PROGRAM	REPRESENTATIVE	FACILITY			DATE RECEIVED	

Department of Managed Health Care Complaint Process

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 Kaiser Foundation Health Plan at 1 (800) 464-4000 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 hmohelp.ca.gov has complaint forms, IMR application forms, and instructions online.

If you have an issue that involves an imminent and serious threat to your health (such as severe pain or potential loss of life, limb, or major bodily function), you can contact the California Department of Managed Health Care directly at any time without first filing a grievance with us.

DO NOT FILE IN PATIENT CHART

Please return this form to your local Kaiser Permanente Member Services department for processing. You may deliver the form in person or by mail. If you prefer, you may file a grievance online at kaiserpermanente.org, in person at your local Member Service office, or by phone by calling **1-800-464-4000**.

NCAL Grievance Form, Non-Medicare (English) Revised 05-13-2011