



## SUBSCRIBER GRIEVANCE / COMPLAINT FORM

GOLDEN WEST DENTAL & VISION  
PO BOX 659471  
SAN ANTONIO, TX 78265  
[www.goldenwestdental.com](http://www.goldenwestdental.com)

Member's Name: \_\_\_\_\_ Mbr ID#: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

Grievance / Complaint (Please provides as much detailed information as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your recommendation for resolution? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Attach additional paper to this form if necessary)

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, please refer to the back of your member identification card for the customer service phone number** 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 **Web site <http://www.hmohelp.ca.gov>** has complaint forms, IMR applications forms and instructions online

\_\_\_\_\_  
Member Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date