



Member Complaint Form

Complete and mail or fax to:
Health Net | Appeals & Grievances/Medicare Operations
P.O. Box 10420 | Van Nuys, CA 91410-0420
Fax: **1-844-273-2671**

Health Net Seniority Plus Employer (HMO) will have a resolution to your complaint no later than 30 days of the date you submit your complaint. If we need more information and the delay is in your best interest or if you ask for more time, we can take up to 14 more calendar days (44 calendar days total) to answer your complaint. However, if we take this extension, we will notify you or your representative. We can usually help you right away or at the most within a few days. If you are making a complaint because we denied your request for a “fast coverage decision” or a “fast appeal”, we will automatically give you a “fast” complaint. If you have a “fast” complaint, it means we will give you an answer within 24 hours.

If you need any help, please call Member Services at **1-800-275-4737** (TTY: **711**), from October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. You can also visit healthnet.com.

Member’s Name (First and Last): _____

Medicare ID Number: _____ Member Date of Birth: _____

**If other than “Self” is selected, proof of guardianship, power of attorney or an Appointment of Representative (AOR) form will be required. The AOR form can be found on our website at healthnet.com.*

Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Provider: _____

Complaint Type (please choose one):

Service Request

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Prescription Drug Request or Issue/Coverage Determination & Redetermination Process

Customer Service

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What is your complaint?

How can Health Net resolve your issue?

What is the best way to reach you regarding this complaint? (Please choose one): Phone Email

Other _____

Please provide further contact information (i.e. phone number, email address, etc.)

For Administrative Use Only

Complaint Number: _____ *Date Received:* _____

Multi-Language Insert

Multi-Language Interpreter Services

Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para obtener un intérprete, llámenos al **1-800-275-4737** (TTY: **711**). Alguien que habla español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费翻译服务，以便回答您可能对我们的健康或药物计划提出的任何问题。如需翻译，请拨打电话 **1-800-275-4737** (TTY: **711**)。会说汉语普通话的人员可为您提供帮助。此项服务免费。

Chinese Cantonese: 我們提供免費口譯服務，可回答您任何關於我們健康或藥物計劃的問題。若要取得口譯服務，請致電**1-800-275-4737** (TTY: **711**)。會說粵語的人員可以幫助您。此為免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng tagasalin para sagutin ang anumang mga tanong na mayroon ka tungkol sa aming health o drug plan. Para kumuha ng tagasalin, tawagin lang kami sa **1-800-275-4737** (TTY: **711**). May nagsasalita ng Tagalog na puwedeng tumulong sa iyo. Ito ay libreng serbisyo.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pouvez avoir sur notre régime de santé ou de médicaments. Pour entrer en contact avec un interprète, il suffit de nous appeler au **1-800-275-4737** (TTY: **711**). Une personne qui parle français peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời mọi câu hỏi quý vị có thể có về chương trình thuốc hoặc chương trình sức khỏe của chúng tôi. Để yêu cầu thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-800-275-4737** (TTY: **711**). Nhân viên nói tiếng Việt sẽ hỗ trợ quý vị. Dịch vụ này được miễn phí.

German: Unser kostenloser Dolmetscherdienst beantwortet mögliche Fragen zu Ihrem Gesundheits- oder Medikamentenplan. Wenn Sie einen Dolmetscher benötigen, rufen Sie uns gerne unter der folgenden Rufnummer an: **1-800-275-4737** (TTY: **711**). Sie erhalten Hilfe in deutscher Sprache. Dieser Service ist für Sie kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-800-275-4737**(TTY: **711**)번으로 당사에 문의해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, для вас предусмотрены бесплатные услуги переводчика. Чтобы воспользоваться услугами переводчика, просто позвоните нам по номеру **1-800-275-4737** (TTY: **711**). Вам поможет сотрудник, владеющий русским языком. Эта услуга предоставляется бесплатно.

Arabic: نوَقّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-800-275-4737** (TTY: **711**). يمكن أن يساعدك شخص يتحدث العربية وهذه الخدمة مجانية.

Hindi: हमारे पास अपने हेल्थ या ड्रग प्लान को लेकर संभवतः आपके मन में उठने वाले सवालों के जवाब देने के लिए मुफ्त में दुभाषिया सेवाएं हैं. दुभाषिया पाने के लिए, बस **1-800-275-4737** (TTY: **711**) पर हमें कॉल करें. हिंदी जानने वाला कोई व्यक्ति आपकी मदद करेगा. यह सेवा मुफ्त में है.

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero **1-800-275-4737** (TTY: **711**). Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número **1-800-275-4737** (TTY: **711**). Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-275-4737** (TTY: **711**). Yon moun ki pale Kreyòl-Franse ka ede w. Sa a se yon sèvis gratis.

Polish: Dysponujemy bezpłatnymi usługami tłumaczeniowymi w celu odpowiedzi na dowolne pytania dotyczące naszych planów zdrowotnych i lekowych. Aby uzyskać pomoc tłumacza, zadzwoń pod numer **1-800-275-4737** (TTY: **711**). Osoba mówiąca po polsku może Ci pomóc. Ta usługa jest bezpłatna.

Japanese: 無料の通訳サービスを利用して、健康や医薬品に関するご質問にお答えします。通訳をご希望の場合は、**1-800-275-4737** (TTY: **711**) までお電話ください。日本語話者がお手伝いいたします。このサービスは無料です。