



IMPERIAL INSURANCE COMPANIES

Imperial Insurance Companies, Inc. (HMO) (HMO SNP) Grievance Form (Part C & D)

This form is for use in filing a formal grievance (complaint) regarding any aspect of the care or service provided to you. Imperial Insurance Companies is required by law to respond to your grievances. A detailed procedure exists for resolving these situations.

Complete member information about the grievance below:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City, State, Zip: _____

Home Phone Number: _____ Alternate Phone Number: _____

Member ID: _____ Date of Birth: _____

Write below what your grievance is about. Give date(s), time(s), person(s), place(s), service(s) etc. involved. Please attach copies of any additional information that may be helpful to your grievance. (i.e., notices received, medical records, billing statement, etc.) Use another sheet of paper if necessary.

Multiple horizontal lines for writing the grievance details.

Member Signature: _____ Date: _____

If you are the member's representative and filing the grievance on the member's behalf, please sign below. You will also need complete the Appointment of Representative (AOR) Form on the Imperial Insurance Companies website www.imperialhealthplan.com and send this grievance with the AOR Form.

Signature of Representative: _____ Date: _____

How to Send Your Grievance

- **Fax:** Submitting a written appeal or a completed Imperial Insurance Companies, Inc. Appeal Request Form by fax to **1-626-380-9049**.
- **Email:** appealsgrievances@imperialhealthplan.com with a completed Imperial Insurance Companies, Inc. Appeal Request Form.
- **Send a letter to us. Mail your written request to:**

Imperial Insurance Companies, Inc.
Attn.: Appeals & Grievances
PO Box 60874
Pasadena, CA 91116

- **Call Member Services:** at 1-800-838-8271 TTY: 711 Monday through Sunday, 8:00 am to 8:00 pm PST except holidays during October 1 through March 31 and Monday through Friday 8:00 am to 8:00 pm PST April 1 through September 30 except holidays and they will complete this form for you.

Imperial Insurance Companies must notify you of our decision about your grievance as quickly as your case requires based on your health status, but no later than 30 days after receiving your grievance. We may extend the timeframe by up to 14 days if you request the extension, or if we justify a need for additional information and the delay. In certain circumstances you can file an expedited grievance.

Office Use Only:

Imperial Representative Name: Click or tap here to enter text. **Date:** Click or tap here to enter text.

AOR on File: Yes No

Materials Preference (from application) Spanish Braille Large Print Audio CD

Other: _____

Imperial Insurance Companies is dedicated to ensuring members have a complete understanding of their Medicare rights, protections and responsibilities as an Imperial Insurance Companies member.

Imperial Insurance Companies is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Companies depends on contract renewal.

Imperial Insurance Companies (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-708-5976 (TTY : 711)。