



Member Request Appeal or Complaint Form

Use this form to request a coverage decision appeal, or to file a formal complaint for any part of care or service you had from OneCare Connect Cal MediConnect (Medicare-Medicaid Plan). Complete and return this form to us in person, by mail or fax to 1-714-246-8562.

Print clearly or type below:

Member Name *(First) (Middle initial) (Last)* _____ Member ID # _____

Mailing Address _____ *(City)* _____ *(State)* _____ *(Zip Code)* _____

() _____
 Phone Number _____ Date of Birth *(MM/DD/YY)* _____

Briefly describe the reason for your appeal, complaint, or request (including requests for exception of our drug coverage) – state the service, drug name, dates, times, persons, places, etc. Provide exact details and use a second sheet of paper if needed. Attach copies of any letters, details or records that will support your complaint or request. Be sure to write your name and Member ID # on all pages.

Date _____ **Signature** _____

If you have any questions, please call the OneCare Connect Customer Service Department toll-free at 1-855-705-8823, 24 hours a day, 7 days a week, TDD/TTY user should call 1-800-735-2929 or visit our office Monday through Friday 8:00 a.m. to 5:00 p.m. at 505 City Parkway West, Orange, CA 92868.

Note: If you want someone to act for you, you and your authorized representative must sign, date, and send us a statement naming that person to act for you.

Please refer to your Member Handbook for complete information on what to do if you have a problem or complaint.



OneCare Connect is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

If you need this letter in another language or alternate format, like large print, audio, or Braille; or if you need help understanding this letter, please call OneCare Connect at 1-855-705-8823, 24 hours a days, 7 days a week. TDD/TTY users should call 1-800-735-2929.

Si necesita esta carta en otro idioma o formato alternativo, como impresa grande, audio o Braille; o si necesita ayuda para entender esta carta, por favor llame a OneCare Connect al 1-855-705-8823, las 24 horas al día, los 7 días de la semana. Usuarios de la línea TDD/TTY deben llamar al 1-800-735-2929.

Nếu quý vị cần lá thư này bằng một ngôn ngữ hoặc hình thức khác, như khổ chữ in lớn, đĩa âm thanh, hoặc chữ nổi Braille; hoặc nếu quý vị cần được giúp đỡ để hiểu lá thư này, xin gọi cho OneCare Connect ở số 1-855-705-8823, 24 giờ một ngày, 7 ngày một tuần. Thành viên sử dụng máy TDD/TTY có thể gọi ở số 1-800-735-2929.

اگر می خواهید که این نامه را به زبانی دیگر و یا فرمتی متفاوت، از قبیل چاپ درشتتر، به صورت صوتی یا خط بریل دریافت کنید و یا در صورتی که نیاز به دریافت کمک برای متوجه شدن مفهوم این نامه دارید لطفاً با OneCare Connect از طریق شماره 1-855-705-8823، طی 24 ساعت شبانه روز در 7 روز هفته تماس بگیرید. کاربران خط TDD/TTY می توانند با شماره 1-800-735-2929 تماس بگیرند.

만약 이 편지를 다른 언어 또는 큰 글자, 오디오나 점자 같은 다른 형식으로 원하거나, 이 편지를 이해하는데 도움이 필요하시면, OneCare Connect 번호 1-855-705-8823로, 주 7일, 24시간 전화 주십시오. TDD/TTY 사용자는 번호 1-800-735-2929로 전화 주십시오.