

Member Request Appeal or Complaint Form

Use this form to request a coverage decision, appeal or to file a complaint for any part of care or service you had from OneCare Connect Cal MediConnect Plan (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 appeal, grievance or request. Be sure to write your name and Member ID # on all pages.

Date _____ **Signature** _____

If you have any questions, contact OneCare Connect Customer Service toll-free at **1-855-705-8823** (TTY **711**), 24 hours a day, 7 days a week. We have staff who speak your language. You may also visit our office Monday through Friday 8 a.m. to 5 p.m., at **505 City Parkway West, Orange, CA 92868**. Visit us at **www.caloptima.org/onecareconnect**.

Note: If you have someone other than your doctor or prescriber file your request, please complete and submit the **Appointment of Representative Form** which can be printed from the CalOptima OneCare Connect website at **www.caloptima.org/onecareconnect** or by calling the OneCare Connect Customer Service department toll-free at **1-855-705-8823** (TTY **711**). Please refer to your Evidence of Coverage book for complete information on what to do if you have a problem or complaint.

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 (TTY 711)**, 24 hours a day, 7 days a week. Visit us at **www.caloptima.org/onecareconnect**.

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. OneCare Connect complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Contact OneCare Connect Customer Service toll-free at **1-855-705-8823 (TTY 711)**, 24 hours a day, 7 days a week.