

## Humboldt Del Norte Independent Practice Association **Grievance, Complaint and Appeal Form**

This form is for your use in making suggestions, filing a formal complaint, or appeal regarding any aspect of the care or service provided to you. We will respond directly to you within 30 days about your complaint or appeal or we will forward it to your health plan for resolution.

Appeal/Grievance/Complaint ID #: \_\_\_\_\_ Health Plan and Option: \_\_\_\_\_

(For IPA Use ONLY)

### Please print or type the following information:

Member Name: \_\_\_\_\_  
 Last, First, Middle Initial

Address: \_\_\_\_\_  
 Street City Zip

Home Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male Female

Work Phone #: \_\_\_\_\_ Name of Employer or Group: \_\_\_\_\_

Cell/Mobile #: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_ Subscriber ID#: \_\_\_\_\_

If you are filing a complaint for another person, please provide the following information:  
 Appeal Requested by: \_\_\_\_\_  
 Relationship to Member: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street City Zip  
 Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

**Please state the nature of the complaint, giving dates, times, persons, places, etc. involved and attach copies of any additional information that may be relevant to your complaint or appeal.**

Circle one: Authorization Appeal Claim Appeal Complaint/Grievance  
 Authorization or Claim Tracking Number: \_\_\_\_\_

Date of Service: \_\_\_\_\_


Please attach copies of anything that may help us understand your grievance.  
 Please sign and mail to: The Humboldt Del Norte Independent Practice Association,  
 2315 Dean St., Eureka, CA 95501-3208 or fax to: (707) 442-2047.

Anthem Blue Cross and Blue Shield members may choose to contact their health plan directly:

Anthem Blue Cross ATTN: Grievance and Appeals Department P.O. Box 4310 Woodland Hills, CA 91365-4310 Telephone: 1-800-365-0609 TTD/TTY 1-866-333-4823 Fax: 1-877-551-6183 Internet: <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>	Blue Shield of California ATTN: Member Appeals and Grievances P O Box 5588 El Dorado Hills, CA 95762-0011 Telephone: 1-800-393-6130 TTD/TTY: 711 (no fax per BS ICE CSDN template 2/2021) Internet: <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>
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\_\_\_\_\_  
 Member Signature Date

\_\_\_\_\_  
 Signature of Representative Date