

**BLUE SHIELD PROMISE CAL MEDICONNECT WRITTEN MEMBER GRIEVANCE  
FORM**

This form is for filing a formal Grievance regarding any aspect of the care or service provided to you. Blue Shield of California Promise Health Plan is required by law to respond to your grievances. A detailed procedure exists for resolving these situations. If you have any questions, please feel free to call Blue Shield Promise Cal MediConnect Plan Member Services at 1-855-905-3825 (TTY: 711), 8:00 a.m. – 8:00 p.m., seven days a week. The call is free. You may also visit our website at [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).

Please print or type the following information:

Member Name (Last, First, Middle Initial)

Address

Home Phone Number

City, State, Zip

Alternate Phone Number

Member ID#

Date of Birth

Please state the nature of the grievance, giving dates, times, person, places, etc. involved. Please attach copies of any additional information that may be relevant to your grievance or appeal. Use another sheet of paper if necessary.

---

---

---

---



**Please sign below and forward to Blue Shield of California Promise Cal MediConnect Plan.**

Please fax or send your written appeal to:

Blue Shield of California Promise Health Plan  
Member Appeals & Grievances (Complaint) Department  
601 Potrero Grande Dr., Monterey Park, CA 91755  
Fax: 323-889-5049

A grievance may also be filed by writing to:

Blue Shield of California Promise Health Plan  
Member Appeals & Grievances Unit  
PO Box 3829  
Montebello, CA 90640; or call 1-855-905-3825

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

If the grievance is filed by someone other than the member, please fill out and sign the Appointment of Representative Form available on the Blue Shield of California Promise Health Plan website and submit it with this Grievance Form.

Blue Shield of California Promise Health Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, Braille, and/or audio. Call 1-855-905-3825 (TTY: 711), 8:00 a.m. – 8:00 p.m., seven days a week. The call is free.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-855-905-3825. (TTY: 711).

ATENCIÓN: Si no habla inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-905-3825 (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1-855-905-3825（TTY：711）。