



MEMBER GRIEVANCE AND APPEAL FORM

STEP 1:

Please call a Member Services Representative to discuss your complaint. He or she may be able to save you time and resolve your issue. A Vitality Member Services Representative is available to help you at 1-866-333-3530 for additional information. (TTY users should call 711). Hours are 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, except holidays, and 8 a.m. to 8 p.m., Monday through Friday, from April 1 through September 30, except holidays. Messages received on holidays and outside of our business hours will be returned within one business day.

STEP 2:

Please complete the Member Grievance and Appeal Request form below with as much information as possible. You may also choose to send your own letter describing your concerns.

STEP 3:

If you appoint someone to act as your representative with your grievance or appeal, you and your Appointment of Representative (AOR) must send a completed the Appointment of Representative form. Please contact a Vitality Member Services Representative to have the AOR form mailed to you. Also, the AOR form is available via our website: www.vitalityhp.net.

Sending in all the necessary forms together as described above will support a timely review.

STEP 4:

Once this form is completed please return this form and/or appointment of representative documentation via facsimile at 1-866-207-6539 or mail to:

Vitality Health Plan
Attention: Grievances and Appeals Department
18000 Studebaker Road, Suite 960
Cerritos, CA 90703

MEMBER NAME:	DAYTIME PHONE:
ADDRESS:	
MEMBER ID #:	DATE OF EVENT:
DATE OF SERVICE OF GRIEVANCE OR APPEAL:	
NAME OF FACILITY OR PROVIDER INVOLVED (if applicable):	
FACILITY OR PROVIDER PHONE #:	FACILITY OR PROVIDER ADDRESS:

