



Section A: Member Information

# Medicaid Grievance (Complaint) Form

Last Name		First Name		Initial
Date of Birth (MM/DD/YY)		Date of Incident		
Mailing Address		City	State	Zip
Evening Phone Number	Daytime Phone Number	Contact Hours (Please specify when you prefer to be called)		
Member Number				

**Section B: Please give a detailed reason for your grievance (complaint):**

**Section C: Signature**

I certify that the statements made in this complaint are true and correct to the best of my information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If the complaint is filed by a personal representative on behalf of the member, complete the Consent for Authorized Representative Form and return with grievance form.

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Date

Parent of Minor Child     Legal Guardian     Power of Attorney     Executor/Conservator

Other \_\_\_\_\_

Please return form(s) to:

Molina Healthcare of Nevada  
Attn: Member Appeals and Grievance  
PO BOX 401820  
Las Vegas, NV 89140 or  
Fax 877-823-5961

The Nevada Medicaid Hearings Unit is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-833-685-2102**, **TTY users dial 711** and use your health plan's grievance process before contacting the Nevada Medicaid Hearings Unit. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. The Nevada Medicaid Hearings Unit also has a toll-free telephone number **(877) 638-3472**, Fax # **(775) 684-3610** and E-mail: [dhcfphearings@dncfp.nv.gov](mailto:dhcfphearings@dncfp.nv.gov).

**Distributed by Molina Healthcare. To get this information in other languages and accessible formats, please call Member Services. This number is on the back of your Member ID card. You can get this information free in other formats, such as large print, braille, or audio. Call (833) 685-2102, TTY/TDD: 711, Monday - Friday, 8 a.m. to 6 p.m., PST. The call is free. Molina Healthcare of Nevada (Molina) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (833) 685-2102 (TTY: 711). ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call (833) 685-2102 (TTY: 711).**



**Consent for Authorized Representative Form**

If you want someone else to file a Grievance for you, or for Molina to discuss your Grievance with someone else, you must give your written consent for the Grievance.

I, \_\_\_\_\_ (Member's Name), give my permission  
for \_\_\_\_\_ (Authorized Representative's Name) to  
act on my behalf and file this Grievance to review the denial of \_\_\_\_\_.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date