

brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT

Complaint Form

This form is for your use when filing a complaint about medical care or prescription drugs. If you have any questions, please feel free to call the Brand New Day Customer Service Call Center at **866-255-4795** or TTY/TDD **866-321-5955**, 8 a.m. to 8 p.m. 7 days a week (February 15th to September 30th open 8 a.m. to 8 p.m. Monday – Friday.)

Please Print or Type the Following Information about you:

Member Name: _____ Member ID: _____

Address: _____

Telephone: _____

You can ask someone to act on your behalf. If you want to, you can name another person to act for you as your “representative” to make a complaint. There may be someone who is already legally authorized to act as your representative under State law. If you want a friend, relative, your doctor or other provider, or other person to be your representative, call Member Services (phone numbers are printed on the back cover of this booklet) and ask for the “Appointment of Representative” form or go to our website at www.brandnewdayhmo.com. Or complete the information below about the person you are naming to act for you. *We cannot start review of complaints from someone other than you unless we have the completed Appointment of Representative form or other proof of legal authorization for someone to act for you.*

Please Print or Type the Following Information about Representative:

I appoint the following person to act for me for this complaint:

Representative's Name: _____

Representative's Address: _____

Representative's Telephone: _____

Relationship to member: _____

Signature of member: _____ Date: _____

Signature of Representative: _____ Date: _____

Information about your complaint:

Please tell us about your complaint giving dates, times, persons involved, places, etc. Use an additional sheet of paper if needed. Please attach copies of any additional information that may help us with your complaint.

Name of Provider : _____

Date(s) _____ Time of incident: _____

Describe what complaint is about:

Mail completed form to Brand New Day, Attn: Appeals and Grievances, <5455 Garden Grove Blvd., Suite 500, Westminster, CA 92683> or **Fax:** <1-657-400-1217> <address for complaints/fax number>

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Signature of member: _____ Date: _____

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