P.O. Box 30192
Salt Lake City, UT 84130-0192
Phone 844-208-9012
selecthealth.org

selecthealth

Grievance Form

USE THIS FORM FOR COMPLAINTS NOT RELATED TO A BENEFIT OR CLAIM DENIAL

Subscriber Name _____ Subscriber ID _____

Street Address _____ City _____ State _____

ZIP _____ Home Ph# (_____)_____ Work Ph# (_____)_____

Provider _____ Patient Name (person mentioned in the grievance) _____

Date of Birth _____/_____/_____ Date(s) of Service _____/_____/_____ to _____/_____/_____

❑ Check this box if your grievance/complaint is about the care you received.

A. WHAT IS YOUR GRIEVANCE OR COMPLAINT?

B. WHAT WOULD YOU LIKE US TO DO?

C. HOW WOULD YOU LIKE US TO CONTACT YOU ABOUT THIS GRIEVANCE?

❑ Email _____ ❑ Fax: _____ ❑ Mail to the above address

SIGNATURE

Please attach copies of any records (such as bills or letters from doctors) and send them by email, fax or mail.

> Email: **appeals@imail.org**
> Fax: **801-442-0762**
> Mail: Address as shown above

I GIVE SELECTHEALTH PERMISSION TO LOOK INTO MY COMPLAINT. I UNDERSTAND THAT SELECTHEALTH MAY NEED TO CONTACT THE PROVIDER AND/OR REVIEW MY RECORDS.

Signature _____ **Date** _____/_____/_____
Subscriber or Patient

Fair Treatment Notice

SelectHealth complies with Federal civil rights laws. We do not discriminate or treat you differently because of your race, color, national origin, age, disability, or sex.

We provide free:

- Aid to those with disabilities to help them communicate with us, such as sign language interpreters and written information in other formats (large print, audio, electronic formats, other).
- Language help for those whose first language is not English, such as Interpreters and member materials written in other languages.

For help, call SelectHealth Member Services at **1-800-538-5038** or SelectHealth Advantage Member Services at **1-855-442-9900** (TTY Users: 711).

If you feel you've been treated unfairly, call SelectHealth 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: 711) or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

Language Access Services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth

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 SelectHealth。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số SelectHealth.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. SelectHealth. 번으로 전화해 주십시오.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dę́ę́'', t'áá jiik'eh, éí ná hóló́, kojį' hódíílnih SelectHealth.

ध्यान दनिुहोस्: तपार्इंले नेपाली बोल्नुहुन्छ भने तपार्इंको नम्ित भाषा सहायता सेवाहरू नःिशुल्क रूपमा उपलब्ध छ । SelectHealth मा फोन गर्नुहोस्।

FAKATOKANGA'I: Kapau 'oku ke lea fakatonga, ko e kau fakatonu lea te nau tokoni atu ta'etotongi, pea te ke lava 'o ma'u ia. Telefoni ki he SelectHealth.

ОБАВЕШТЕЊЕ: Ако говорите српски језик, услуге језичке помоћи доступне су вам бесплатно. Позовите SelectHealth.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa SelectHealth.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: SelectHealth.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните SelectHealth.

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بشركة SelectHealth.

សម្គាល់៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ សូវោជំនួយផ្នែកភាសា ដាយមិនគិតថ្លៃ គឺអាចមានសំរាប់ អ្នក។ សូមទូរស័ព្ទមក SelectHealth ។

ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez SelectHealth.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。SelectHealth. まで、お電話にてご連絡ください。

SelectHealth: 1-800-538-5038
SelectHealth Advantage: 1-855-442-9900

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