

Select Health

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

Select Health Community Care® Grievance Form

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

Member Name _____ Member ID# _____

Street Address _____ City _____ State _____

ZIP _____ Phone # (_____) _____ Provider _____

Name (If you are not the member) _____

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

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

A. WHAT IS THE REASON FOR YOUR 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

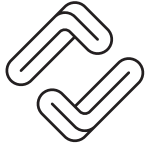
Please attach copies of any records (such as bills or letters from doctors) and send them by email, fax, or mail.

- Email: appeals@imail.org
- Fax: 801-442-0762
- Mail: Address shown at top of form.

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

Signature _____ Date ____/____/____

- If you need help filling out this form, please call 844-208-9012.



**Select
Health**

Fair Treatment Notice

Select Health obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

We provide free:

- Aid to those with disabilities to help them talk with us. This may be sign language interpreters or info in other formats (large print, audio, electronic).
- Help for those whose first language is not English, such as interpreters or member materials in other languages.

Need help? Call Select Health Member Services at **800-538-5038**.

If you feel you've been treated unfairly, call Select Health 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 Select Health.

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 Select Health

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

통지: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Select Health. 번호로 전화해 주십시오.

ध्यान दानुहोस्: तपयाईले नेपयाली बोलनुहुन्छ भने तपयाईको दनमर्ता भयाषया सहायतया सेवयाहरू दनःशुल्क रूपमया उपलब्ध छ। Select Health मया फोन गनुहोस्।

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

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

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

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

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。Select Health. まで、お電話にてご連絡ください。

ማሳሰቢያ: አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ዲጋግ አገልግሎቶች ያለክፍያ ለእርስዎ ይገኛሉ። Select Health ን ያናግሩ።

ПАЖЊА: Ако говорите Српски, бесплатне услуге помоћи за језик, биће вам доступне. Контактирајте Select Health.

تامدخ لكل رفوتت سف، یبرع ثدحتت تنك اذا: هی بننت
Select Health. اب لصتا. اناجم قیوغل لادعاسملا

تامدخ، دی نکی م تب حص ی ن ک دراو ار نابز ه ب رگا: ه جوت
اب. ت س امش رای تخ ارد ناگی ار تروص ب، ی نابز کم ک
دی ری گ ب س ام ت Select Health

หมายเหตุ: หากคุณพูดในภาษา, การบริการภาษา โดย ไม่มีค่าใช้จ่าย มีพร้อมบริการให้กับคุณ ติดต่อ Select Health

Select Health: **1-800-538-5038**