brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT

COMPLAINT FORM

This form is for filing a complaint about medical care or prescription drugs. If you have any questions, please feel free to call the Brand New Day Member Services Department at 1-866-255-4795, TTY 711, Monday - Friday 8 am - 8 pm and 7 days a week 8 am - 8 pm from October 1 - March 31.

PLEASE PRINT THE FOLLOWING INFORMATION ABOUT YOURSELF:

Member Name: _____ Member ID#: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

APPOINTMENT OF REPRESENTATION FOR COMPLAINT

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 and ask for the "Appointment of Representative" form or go to our website at www.bndhmo.com/Members/Resources and scroll to the bottom of the page under "Forms". You can also complete the information below about the person you are naming to act for this grievance only. 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.

If choosing a Representative, please complete the following information:
I appoint the following person to act for me for this complaint:

Representative's Name: _____

Representative's Address: _____

Representative's Telephone: _____

Relationship to Member: _____

Member Signature: _____ Date: _____

Representative Signature: _____ Date: _____

INFORMATION ABOUT YOUR COMPLAINT:

Please tell us about your complaint by 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.

Provider Name: _____

Date(s): _____ Time of Incident: _____

Describe the Reason for Your Complaint:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Member or Representative Signature: _____ Date: _____

Mail completed form to:

Brand New Day
ATTN: Appeals & Grievance Department
5455 Garden Grove Blvd., Suite 500
Westminster, CA 92683
or Fax: 1-657-400-1217