



PacificSource Community Health Plans  
2965 NE Conners Avenue, Bend OR 97701  
541.385.5315 888.863.3637  
Medicare.PacificSource.com

## MEMBER GRIEVANCE FORM

Use this form for complaints about issues that do not deal with a denial of coverage of services (except Plan's denial to expedite an appeal), and have occurred within the last 60 days. This may include topics such as:

- ❖ Access to providers (e.g. physical barriers, scheduling)
- ❖ Quality of care (e.g. misdiagnosis, inadequate testing)
- ❖ Quality of service (e.g. unresponsive staff, inappropriate behavior)

Please type or print clearly. Include any important documents. Use back of form if not enough room. Note that complaint information may be released to a provider/person about whom you are complaining, for research and/or reporting purposes.

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Is complaint against?

- Provider: \_\_\_\_\_  Staff: \_\_\_\_\_
- Plan: \_\_\_\_\_  Other: \_\_\_\_\_

Details of your complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

*(If you are not a person with legal authority to represent the member, although you may help fill out this form, the member must sign above to confirm the complaint. If he/she is unable to sign due to a handicap or other limitations, please make note of it.)*

Person filling form: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Please return this form to: PacificSource Medicare/Grievance & Appeals  
2965 NE Conners Avenue  
Bend OR 97701

Or fax to (541) 322-6424.

Si necesita servicios de intérprete, llame al (541) 385-5315 o (888) 863-3637.

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal. This document is available in alternate formats or languages. Please call the number above for more information.

PacificSource Community Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PacificSource Community Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 863-3637, TTY: (800) 735-2900.

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 (888) 863-3637, TTY: (800) 735-2900。