



OSCAR HEALTH PLAN OF CALIFORNIA GRIEVANCE FORM

In order to file a written grievance, the following form should be completed. Please complete all information within this form and mail the completed form to Oscar at the following address: Oscar Health Plan of California, Attention Grievances 3535 Hayden Avenue, Suite 230, Culver City, CA 90232. You may also submit your written response by fax to 888-977-2062 or by email to help@hioscar.com. We will send a response to your grievance within 30 calendar days from the date we receive it, unless the issue poses an imminent threat to your health or life. If you need assistance completing this form, please contact Oscar Member Services at 855-OSCAR-55.

Member Information

Member Name: _____

Date of Birth: _____

Member ID #: _____

Home Address: _____

Your Name (if filling out on behalf of member): _____

Relationship to Member: _____

Grievance Information

Is this complaint related to a terminal illness? (check one) NO YES

If yes, would you like to request a conference with Oscar to discuss? (check one) NO YES

Home Phone Number: _____

Are you facing imminent threat to your health or life, including but not limited to, severe pain, potential loss of life, limb or major bodily function? (check one)

NO YES



Grievance Summary

Please provide a summary of your grievance. Includes dates, any amounts paid and to whom, the names of any providers involved and the types of services that were (or weren't) provided.

Do you have additional documentation and/or summary pages to attach? NO YES

If yes, please include with your submission.

Previous Communication

Have you spoken with an Oscar representative about this issue? NO YES

If yes, please provide the name of the individual that you spoke to and the date:

Representative Name: _____

Date of Communication: _____

Acknowledgement

I acknowledge that the information contained within this form is accurate to the best of my knowledge. I have provided complete and accurate information upon which to base an investigation of the circumstances surrounding the issue. I agree to cooperate and provide any additional information necessary and/or appropriate related to this grievance. My failure to do so may result in Oscar closing the investigation related to this matter.

Signature of Member _____ Date _____



The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **855-OSCAR-55** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site **<http://www.hmohelp.ca.gov>** has complaint forms, IMR application forms and instructions online.

You (the Member) have the right to request an independent medical review in cases where the You believe that health care services have been improperly denied, modified, or delayed by the plan, or by one of its contracting providers.

If you have limitations with hearing, you can utilize California’s Relay Service:

Type of Call	Language	Toll-free 800 Number
TTY/VCO/HCO to Voice	English	1-800-735-2929
	Spanish	1-800-855-3000
Voice to TTY/VCO/HCO	English	1-800-735-2922
	Spanish	1-800-855-3000
From or to Speech-to-Speech	English & Spanish	1-800-854-7784

Can You Read This? If not, we have someone who can help you read it. We are also able to send you a version in your language upon request. For immediate free help, call 855-OSCAR-55.

Additional Ways to Submit:

If you would like a blank grievance form mailed to you, or would prefer to file a grievance over the phone, please contact Oscar Member Services at 855-OSCAR-55. To submit a formal grievance online, visit hioscar.com and select “CA Grievance Form.”

Notice of Non-Discrimination: Discrimination is Against the Law

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

Oscar:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at 1-855-OSCAR-55 (TTY: 7-1-1).

If you believe that Oscar has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

NY/NJ/TX Members: Oscar Insurance, Attention Grievances PO Box 52146, Phoenix AZ, 85072

CA Members: Oscar Health Plan of California, Attention Grievances 3535 Hayden Avenue, Suite 230, Culver City, CA 90232

1-855-OSCAR-55 (TTY: 7-1-1), Mon - Fri 8 am - 8 pm/ Sat - Sun 9 am - 5 pm (EST), Fax: 1-888-977-2062, Email: help@hioscar.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Oscar's Grievances Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human
Services 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C.
20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services for the Deaf or Hard of Hearing

ATTENTION: If you are deaf or hard of hearing, talk to text services, free of charge, are available to you. Call 1-855-Oscar-55 and dial 711 to receive TTY/TDD services.

Nëse ju, ose dikush që po ndihmoni, ka pyetje për Oscar, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin 1-855-OSCAR-55.

إن كان لديك أو لدى شخص تساعدته أسئلة بخصوص Oscar، فلديك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أية تكلفة. للتحدث مع مترجم، اتصل بالرقم 1-855-OSCAR-55.

Եթե Դուք կամ Ձեր կողմից օգնություն ստացող անձը հարցեր ունի Oscar մասին, Դուք իրավունք ունեք ստանալ անվճար օգնություն և տեղեկություն Ձեր նախընտրած լեզվով: Թարգմանչի հետ խոսելու համար զանգահարե՛ք 1-855-OSCAR-55

यदि आपनि, अथवा आपनि अन्य काडके सहायता करछेन, Oscar, सम्पर्के प्रश्न आछे आपनार अधिकार आछे बिना थरछे आपनार निजस्य भाषाते साहाय्य पावार एवं तथ्य जानवार। अनुवादकेर साथे कथा बलार जन्य, कल करून १-८५५-अस्कार-५५.

如果您，或是您正在協助的對象，有關於 Oscar 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 1-855-OSCAR-55。

اگر شما، یا فردی که شما به او کمک می کنید، سوالی در مورد Oscar داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. لطفا با شماره 1-855-OSCAR-55 تماس بگیرید.

Si vous, ou une personne que vous aidez, a des questions à propos d'Oscar, vous avez le droit d'obtenir de l'aide et des informations dans votre langue gratuitement. Pour parler à un interprète, appelez le 1-855-OSCAR-55.

Falls Sie oder jemand, dem Sie helfen, Fragen zu Oscar haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte 1-855-OSCAR-55 an.

Εάν εσείς ή κάποιος που βοηθάτε έχετε απορίες σχετικά με την Oscar, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς καμία χρέωση. Για να μιλήσετε με έναν διερμηνέα, καλέστε στον αριθμό 1-855-OSCAR-55.

જો તમે અથવા તમે મદદ કરી રહ્યા હો તેમણી કોઈને Oscar વિશે પ્રશ્નો હોય તો, તમને તમારી ભાષામાં નિષ્ણદ મદદ અને માહિતી મેળવવાની અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-855-OSCAR-55 પર ફોન કરો.

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Oscar, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-855-OSCAR-55.

यदि आपके, या आप द्वारा सहायता किए जा रहे किसी व्यक्ति के पास Oscar के बारे में प्रश्न हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। किसी दोभाषिए से बात करने के लिए, 1-855-OSCAR-55 पर कॉल करें।

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Oscar, koj muaj cai kom lawv muab cov ntsiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-855-OSCAR-55.

Se tu o qualcuno che stai aiutando avete domande su Oscar, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-855-OSCAR-55.

貴殿または貴殿の援助されている方でも、Oscarについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はいかかりません。通訳とお話をされる場合、1-855-OSCAR-55までお電話ください。

ប្រសិនបើលោកអ្នក ឬនរណាម្នាក់ដែលលោកអ្នកកំពុងជួយ មានសំណួរនានាអំពី Oscar លោកអ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មានជាភាសារបស់លោកអ្នកដោយឥតគិតថ្លៃ។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូមទូរសព្ទទៅលេខ 1-855-OSCAR-55 ។

귀하 또는 귀하가 돕고 있는 사람이 Oscar에 관해서 문의사항이 있는 경우, 귀하에게는 이러한 도움과 정보를 귀하의 언어로 비용 부담없이 제공받을 권리가 있습니다. 통역 서비스를 원하시면 1-855-OSCAR-55번으로 전화해 주십시오.

ຖ້າທ່ານ ຫຼື ຄົນທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອຢູ່ມີຄຳຕາມກ່ຽວກັບ Oscar, ທ່ານມີສິດຂໍເອົາການຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໄດ້ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອລົມກັບຜູ້ແປພາສາ, ໃຫ້ໂທຫາ 1-855-OSCAR-55.

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie Oscar, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-855-OSCAR-55.

ਜੇ ਤੁਹਾਡੇ ਕੋਲ, ਜਾਂ ਤੁਸੀਂ ਜਿਸ ਦੀ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, Oscar ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹਨ, ਤਾਂ ਤੁਹਾਨੂੰ ਬਨਿ ਕਸਿ ਕੀਮਤ 'ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦੁਬਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, 1-855-OSCAR-55 'ਤੇ ਕਾਲ ਕਰੋ।

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Oscar, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-855-OSCAR-55.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Oscar, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-855-OSCAR-55.

Kung ikaw o ang iyong tinutulongan ay may mga tanong tungkol sa Oscar, may karapatan kang makatanggap ng libreng tulong at impormasyon nang nasa iyong wika. Upang makipag-usap sa isang tagasalin, tumawag sa 1-855-OSCAR-55.

หากคุณหรือคนที่คุณกำลังช่วยเหลือมีค ำถามเกี่ยวกับ Oscar คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พุดคุยกับส่าม โทร 1-855-OSCAR-55.

Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про програму OSCAR, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть за номером 1-855-OSCAR-55.

اگر آپ یا آپ کسی کی مدد کر رہے / رہی ہیں ان کو Oscar کے بارے سوالات پوچھنے ہیں، تو آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے 1-855-OSCAR-55 پر کال کریں۔

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Oscar, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-855-OSCAR-55.

אויב איר, אודר עמצער איר העלפוסט, האט פראגעט וועגן Oscar, איר האט דאס רעכט צו באקומען הילף און אינפארמאציע און אייער שפראך אומזיסט. צו רעדן מיט דער אייבערערצער, קלוג 1-855-OSCAR-55