

# 東華耆英計劃會員投訴表

如您對本保健計劃或所接受的醫療服務有不滿或意見，請填寫此表格並郵寄或遞交至以下地址：

郵寄: 445 Grant Avenue, Ste 700, San Francisco, CA 94108

遞交: 445 Grant Avenue, San Francisco, CA 94108

電話: (415) 834-2118 聽力 障礙人仕電話: 1-877-681-8898 傳真: (415)-397-2129

日期: \_\_\_\_\_

姓名: \_\_\_\_\_

會員號碼: \_\_\_\_\_

地址: \_\_\_\_\_

電話號碼: \_\_\_\_\_

填表人姓名（如非本人填寫此表的話）及關係: \_\_\_\_\_

問題發生之日期: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

請詳細描述您投訴之事件：（如不夠地方填寫可附另頁）

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您希望如何解決此問題？（如不夠地方填寫可附另頁）

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您需要語言傳譯嗎？  需要  不需要

何種語言? \_\_\_\_\_

您是否身體上有殘障需要照顧？

是

不是

您是否有健康問題需要三天之內得到醫療護理，或您有沒有嚴重疼痛？(如果您需要立即就醫，請去最近的急診室)。  有  沒有

會員或(代理人) 簽名

日期

翻譯此投訴的服務員簽名

日期

## 如何聯絡華人保健計劃或遞交您的投訴表格

免費電話	888-775-7888
會員服務部專線	415-834-2118
聽力及語言障礙人仕專線	877-681-8898
傳真	415-397-2129
親臨	CCHP Member Services 445 Grant Avenue San Francisco, CA 94108  386 Gellert Boulevard Daly City, CA 94105
電郵	<a href="mailto:MemberServices@CCHPHealthPlan.com">MemberServices@CCHPHealthPlan.com</a>
郵寄	CCHP Member Services 445 Grant Avenue, Suite 700 San Francisco, CA 94108

## 在住院/護理院期間及家人服務之緊急上訴請聯絡

Livanta

Attn:BFCC-QIO Program, Area 5  
9090 Junction Drive, Suite 10  
Annapolis Junction, MD 20701

電話： 1-877-588-1123  
聽力障礙人仕電話/TDD： 1-855-887-6668

網址： [www.bfccqioarea5.com](http://www.bfccqioarea5.com)

## 您有上訴的權利

如果您需要上訴請於收到華人保健計劃拒絕批准通知書後六十天內作出書面上訴。如在六十天內未能作出上訴，而您有充份理由證實未能於規定時間內上訴，您的保健計劃有權延長您上訴的期限。

## 誰有資格提出上訴？

您或您授權的代理人均可提出上訴。您可以授權予您的親人、朋友、代言人、律師、醫生 或其他法律上認可的代理人為您提出上訴。

如何授權代理人請致電 (866) 466-2247 向會員服務部查詢，聽力及語言障礙人仕請致電 TTY/TTD (877) 681-8888。

如委托代理人為您作出上訴，您和您的代理人必須填寫及簽署此表格第一頁『授權代理人』一欄。

## 有關您的上訴權利的重要資料

(需要更詳盡的上訴權利的資料，請致電華人保健計劃或參閱您的保障說明書)

you.

## **IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS**

*For more information about your appeal rights, call your plan or see your Evidence of Coverage.*

### **There Are Two Kinds of Appeals You Can File:**

**Standard (30 days)** - You can ask for a standard appeal. Your plan must give you a decision no later than 30 days after it gets your appeal. (Your plan may extend this time by up to 14 days if you request an extension, or if it needs additional information and the extension benefits you.)

**Fast (72-hour review)** - You can ask for a fast appeal if you or your doctor believe that your health could be seriously harmed by waiting too long for a decision. Your plan must decide on a fast appeal no later than 72 hours after it gets your appeal. (Your plan may extend this time by up to 14 days if you request an extension, or if your plan needs additional information and the extension benefits you.)

- If any doctor asks for a fast appeal for you, or supports you in asking for one, and the doctor indicates that waiting for 30 days could seriously harm your health, your plan will automatically give you a fast appeal.
- If you ask for a fast appeal without support from a doctor, your plan will decide if your health requires a fast appeal.
- If your plan does not give you a fast appeal, your plan will decide your appeal within 30 days.

### **What Do I Include With My Appeal?**

You should include: your name, address, Member ID number, reasons for appealing, and any evidence you wish to attach. You may send in supporting medical records, doctors' letters, or other information that explains why your plan should provide the service. Call your doctor if you need this information to help you with your appeal. You may send in this information or present this information in person if you wish.

### **How Do I File An Appeal?**

**For a Standard Appeal:** You or your authorized representative should mail, fax, call, deliver or post online your appeal to CCHP

**For a Fast Appeal:** You or your authorized representative should contact us by **telephone or fax**

**What Happens Next?** If you appeal, CCHP will review the decision. After the CCHP review, if any of the services you requested are still denied, Medicare will provide you with a new and impartial review of your case by a reviewer outside of your Medicare Advantage

Organization. If you disagree with that decision, you will have further appeal rights. You will be notified of those appeal rights if this happens.

**Other Contact Information:**

Livanta (California's Quality Improvement Organization)  
Phone: 1-877-588-1123 TDD (Hearing Impaired): 1-855-887-6668  
Available: Monday – Friday: 9AM – 5PM; Weekends/Holidays: 11AM – 3PM

Or write to:

Livanta  
Attn: BFCC-QIO Program, Area 5  
9090 Junction Drive, Suite 10  
Annapolis Junction, MD 20701

If you need information or help, call 1-800-MEDICARE (1-800-633-4227) or TTY/TTD:  
1-877-486-2048

**Other Resources To Help You:**

Medicare Rights Center:  
Toll Free: 1-888-HMO-9050

**Elder Care Locator**

Toll Free: 1-800-677-1116

If you want to obtain information about the total number of the plan's grievances, appeals and exceptions, please contact member services.