

Northern California Member Services – Address List for Grievance Form

Please send your completed grievance form to the applicable facility or location below.
If you have questions about this form, call the Member Services Call Center at 1-800-464-4000
(TTY 1-800-777-1370) weekdays from 7 a.m. to 7 p.m. and weekends from 7 a.m. to 3 p.m.

Antioch

Kaiser Permanente
Member Services Main Office
3400 Delta Fair Blvd.
Antioch, CA 94509

Redwood City

Kaiser Permanente
Member Services Main Office
1150 Veterans Blvd.
Redwood City, CA 94063

Santa Clara

Kaiser Permanente
Member Services Main Office
710 Lawrence Expressway
Department 162
Santa Clara, CA 95051

Fremont

Kaiser Permanente
Member Services Main Office
39400 Paseo Padre Parkway
Fremont, CA 94538

Richmond

Kaiser Permanente
Member Services Main Office
901 Nevin Ave.
Richmond, CA 94801

Santa Rosa

Kaiser Permanente
Member Services Main Office
401 Bicentennial Way
Santa Rosa, CA 95403

Fresno

Kaiser Permanente
Member Services Main Office
7300 N. Fresno St.
Fresno, CA 93720

Roseville

Kaiser Permanente
Member Services Main Office
1600 Eureka Road
Roseville, CA 95661

South Sacramento

Kaiser Permanente
Member Services Main Office
6600 Bruceville Road
Sacramento, CA 95823

Hayward

Kaiser Permanente
Member Services Main Office
27400 Hesperian Blvd.
Hayward, CA 94545

Sacramento/Fair Oaks

Kaiser Permanente
Member Services Main Office
2025 Morse Ave.
Sacramento, CA 95825

South San Francisco

Kaiser Permanente
Member Services Main Office
1200 El Camino Real
S. San Francisco, CA 94080

Manteca

Kaiser Permanente
Member Services Main Office
1721 West Yosemite Avenue
Manteca, CA 95337

San Francisco

Kaiser Permanente
Member Services Main Office
2238 Geary Blvd., 1st Floor
San Francisco, CA 94115

Vacaville

Kaiser Permanente
Member Services Main Office
3700 Vaca Valley Parkway
Vacaville, CA 95688

Modesto

Kaiser Permanente
Member Services Main Office
4601 Dale Road
Modesto, CA 95356

San Jose (Santa Teresa)

Kaiser Permanente
Member Services Main Office
275 Hospital Parkway
Lobby Floor
San Jose, CA 95119

Vallejo

Kaiser Permanente
Member Services Main Office
975 Sereno Drive
Vallejo, CA 94589

Oakland

Kaiser Permanente
Member Services Main Office
280 W. MacArthur Blvd.
Oakland, CA 94611

San Rafael

Kaiser Permanente
Member Services Main Office
99 Montecillo Road
San Rafael, CA 94903

Walnut Creek

Kaiser Permanente
Member Services Main Office
1425 S. Main St.
Walnut Creek, CA 94596

MEMBER GRIEVANCE FORM



Questions, Concerns, Service Request, or Dissatisfaction with Care or Service

Kaiser Permanente's goal is to provide the highest possible member satisfaction. Each physician, employee, and volunteer is responsible for creating an outstanding care experience for every member, every time. This includes responding to any concerns or dissatisfaction that you might have. Our highest priority is to resolve every concern or dissatisfaction wherever you receive care.

Please ask to speak to the manager of the department if you have a question, concern, or are dissatisfied regarding the care or service you received. If you prefer to request a service, voice an issue or complaint, or file a benefit claim, you may file it with the Health Plan using the form provided here.

English:

This is important information from Kaiser Permanente. If you need help understanding this information, please call **1-800-464-4000** and ask for language assistance. Help is available from 7 a.m.–7 p.m., Monday–Friday and 7 a.m.–3 p.m., Saturday and Sunday.

Chinese:

這是來自 **Kaiser Permanente** 的重要資訊。如果您在理解此資訊方面需要協助，請致電 **1-800-757-7585** 並要求語言協助。服務時間，週一至週五，上午 7 時 至下午 7 時；週六及週日，上午 7 時 至下午 3 時。

Spanish:

Esta es información importante de Kaiser Permanente. Si necesita ayuda para entender esta información, llame al servicio telefónico gratuito **1-800-788-0616** y solicite ayuda en español, de 7 a.m. a 7 p.m. de lunes a viernes, y de 7 a.m. a 3 p.m. los sábados y domingos.

How to File a Grievance

You can file a grievance for any issue. Your grievance must explain your issue, such as the reasons why you believe a decision was in error or why you are dissatisfied with the services you received. You must submit your grievance orally or in writing within 180 days of the date of the incident that caused your dissatisfaction in one of the following manners:

- To a Member Services representative at your local Member Services Department (addresses to local Member Services Departments are included on the reverse side of the attached grievance form).
- To the Member Services Call Center, seven days a week, from 7 a.m. to 7 p.m.
 - English: **1-800-464-4000**
 - Spanish: **1-800-788-0616**
 - Chinese dialects: **1-800-757-7585**
 - TTY: **1-800-777-1370**
- Online, through our website at kaiserpermanente.org



COMPLAINT OR BENEFIT CLAIM/REQUEST FORM—Non-Medicare

Northern California

MEMBER/PATIENT NAME		MEDICAL RECORD NUMBER	
ADDRESS	STREET	CITY	ZIP CODE
DAYTIME TELEPHONE NUMBER		ALTERNATE TELEPHONE NUMBER	BIRTH DATE
NAME OF PERSON FILING (IF DIFFERENT THAN ABOVE, A STATEMENT OF AUTHORIZED REPRESENTATIVE FORM WILL BE MAILED TO THE MEMBER FOR COMPLETION)		RELATIONSHIP	DAYTIME TELEPHONE NUMBER
DEPARTMENT/LOCATION AND MEDICAL FACILITY WHERE ISSUE OCCURRED			DATE ISSUE OCCURRED
PLEASE DESCRIBE THE NATURE OF THE ISSUE (ATTACH ADDITIONAL SHEETS IF NEEDED)			
PLEASE EXPLAIN HOW YOU HAVE TRIED TO RESOLVE THIS ISSUE			
WHAT WOULD YOU CONSIDER A PROPER SOLUTION TO THIS ISSUE?			
SIGNATURE			DATE

<i>For Program Representative Use Only</i>		
NAME OF PROGRAM REPRESENTATIVE	FACILITY	DATE RECEIVED

Department of Managed Health Care Complaint Process

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 Kaiser Foundation Health Plan at **1 (800) 464-4000** 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 website hmoHELP.ca.gov has complaint forms, IMR application forms, and instructions online.

If you have an issue that involves an imminent and serious threat to your health (such as severe pain or potential loss of life, limb, or major bodily function), you can contact the California Department of Managed Health Care directly at any time without first filing a grievance with us.

DO NOT FILE IN PATIENT CHART

Please return this form to your local Kaiser Permanente Member Services department for processing. You may deliver the form in person or by mail. If you prefer, you may file a grievance online at kaiserpermanente.org, in person at your local Member Service office, or by phone by calling **1-800-464-4000**.