



Member Grievance/Appeal Request Form

Mail this form to:

Molina Healthcare of Florida

Appeal and Grievance Unit

PO Box 36030

Louisville, KY 40233-6030

Toll Free: (866) 472-4585 (TTY: 711)

Fax Number: (877) 508-5748

Please Print

Member's Name _____ Today's Date _____

Name of person requesting, if other than the member, please complete Appointment of Representative form attached.

Member's ID _____ Daytime telephone _____

Specific issue(s):

(attach another sheet of paper to this form if more space is needed)

Member's Signature _____ Date _____

If you would like assistance with your request, we can help. You can call or write us at:

Molina Healthcare of Florida
Appeal and Grievance Unit
PO Box 36030
Louisville, KY 40233-6030
Toll Free: (866) 472-4585 (TTY: 711)
Fax Number: (877) 508-5748



Instructions for filing a grievance/appeal:

1. Fill out this form completely. Describe the issue(s) in as much detail as possible.
2. Attach to this form, copies of any records you wish to submit. (Do Not Send Originals).
3. You may present your information in person. To do this, call us at (866) 472-4585 (TTY: 711).
4. We can help you write your request, and we can help you in the language you speak.
5. If you are over the age of 18 and have someone else acting on your behalf, a signed Appointment of Representative (AOR) form is needed. Please use the AOR Form that is enclosed.
6. You, and/or someone you have chosen to act on your behalf, can review your appeal file before or during the appeal process. Your appeal file includes all of your medical records and any other documents related to your case.
7. Return this completed form to
Molina Healthcare of Florida
Appeal and Grievance Unit
PO Box 36030
Louisville, KY 40233-6030
Fax: (877) 508-5748
8. We will send a written verification of receipt of your request.

Thank you for using the Molina Healthcare Member Grievance Process.

Please note: If you have a disability and need more help, we can help you. If you need someone that speaks your language, we can also help. You may call our Member Services Department at (866) 472-4585 for more help from 8:00 am to 7:00 pm. If you are blind or have trouble hearing or communicating, please call 711 for TTY/TTD services. We can help you get the information you need in large print, audio (sound), and braille. We provide you with these services for free.

Tenga en cuenta lo siguiente: si tiene una discapacidad y necesita más ayuda, podemos ayudarlo. También podemos ayudarlo si necesita a alguien que hable en su idioma. Para obtener más ayuda, puede llamar a nuestro Departamento de Servicios para Miembros al (866) 472-4585, de 8:00 a. m. a 7:00 p. m. Si es ciego o tiene problemas de audición o comunicación, llame al 711 para acceder a servicios de TTY/TDD. Podemos ayudarlo a obtener la información que necesita en letra de molde grande, audio (sonido) y en sistema Braille. Estos servicios son gratuitos.

Remake: Si ou gen yon andikap epi ou bezwen plis èd, nou kapab ede w. Si ou bezwen yon moun ki pale lang ou an, nou kapab ede w tou. Ou gendwa rele Depatman Sèvis Manm nou an nan (866) 472-4585 pou jwenn plis èd soti 8è:00 a.m. rive 7è:00 p.m. Si ou avèg oswa ou gen difikilte pou tande oswa pou kominike, tanpri rele 711 pou sèvis TTY/TTD yo. Nou kapab ede w jwenn enfòmasyon oubezwen an gwo karaktè, odyo (son) ak an Bray. N ap ba w sèvis sa yo pou gratis.

Xin lưu ý: Nếu quý vị là người khuyết tật và cần thêm trợ giúp, chúng tôi có thể giúp quý vị. Nếu quý vị cần người có thể nói ngôn ngữ của quý vị, chúng tôi cũng có thể giúp. Quý vị có thể gọi cho Bộ phận Dịch vụ thành viên của chúng tôi theo số (866) 472-4585 để được trợ giúp thêm từ 8:00 am đến 7:00 pm. Nếu quý vị bị mù hoặc có vấn đề về thính giác hoặc giao tiếp, vui lòng gọi 711 cho dịch vụ TTY/TTD. Chúng tôi có thể giúp quý vị nhận thông tin quý vị cần bằng bảng chữ in lớn, âm thanh và chữ nổi Braille. Chúng tôi cung cấp miễn phí các dịch vụ này cho quý vị.

Non-Discrimination Notification

Molina Healthcare of Florida, Inc.



Medicaid

Discrimination is against the law. Molina Healthcare of Florida, Inc. (Molina) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR§92.101(a)(2)). Molina does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Molina:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Molina Member Services at (866) 472-4585 (TTY: 711).

If you believe that Molina 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:

Civil Rights Coordinator
200 OceanGate
Long Beach, CA 90802
Phone: (866) 472-4585 (TTY: 711)
Fax: (877) 508-5738
Email: civil.rights@molinahealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Molina Member Services 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
Phone: (800) 368-1019 (TDD: (800) 537-7697)

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