



Member Grievance/Appeal Request Form

Mail this form to:

Molina Healthcare of Florida

Attn: Grievance & Appeal Department

PO BOX 521838

Miami, Florida 33152-1838

Toll free: (866) 472-4585

Fax Number: (877) 508-5748

Please Print

Member's name: _____ Today's date: _____

If you are not the member, give us your name. Please fill out and sign the "Appointment of Representative Form" attached. You don't have to use this form. If so, you can send us a written and signed letter by the member:

Relationship to the Member: _____

Member's ID #: _____ Daytime telephone _____

Specific issue(s): _____

(If you need more space, you can send us another paper.)

Member's Signature _____ Date: _____

If you would like help with your request, you can call or write to us at:

Molina Healthcare of Florida

Attn: Grievance & Appeal Department

PO BOX 521838

Miami, Florida 33152-1838

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Member Grievance/Appeal Request Form

How to file a grievance or appeal:

1. Fill out this form. Tell us the issue(s) as best as you can.
2. You may want to send us copies of your records. If so, please send it with along with this form or the written approval. (Do Not Send Originals).
3. You may give us your info in person. To do this, call us at 1-866-472-4585.
4. We can help you write your request. We can help you in the language you speak. If you need services for the hard of hearing, you may call our TTY phone number at 1-800-955-8771.
5. If you are 18 and over; and have someone else acting on your behalf, an Appointment of Representative (AOR) Form is needed. We will check our files to see if you have already been approved. You can also send us a written and signed letter, letting the person act on your behalf in place of the. Molina Healthcare gives you an "Appointment of Representative Form" for your benefit. Please use the AOR that is attached or send us a written and signed letter.
6. We will still work the grievance or appeal but the info will not be sent to you until you are approved by the Member. If we do not receive any kind of approval, the decision will be sent only to the member.
7. You may want to see the case file. You can ask to see or get copies of the case file at any time. This is free. Your file can have all of your medical records. It can also have any other papers about to your case.
8. You may have let someone act on your behalf. If so, they can also go over your grievance or appeal file.
9. Fill out and send to:

Molina Healthcare of Florida
Attn: Grievance & Appeal Department
PO BOX 521838
Miami, Florida 33152-1838
Fax: 1-877-508-5748

8. We will send you a letter. The letter will let you know we got your request.

Thank you for using the Molina Healthcare Member Grievance Process.

Esta información está disponible gratuitamente en otros idiomas. Favor de comunicarse con nuestro Departamento de Servicios para Miembros al 1-866-472-4585 o para los usuarios de TTY/TDD al 1-800-995-8771, de lunes a viernes, de las 8:00 a.m. a 7:00 p.m.



Appointment of Representative (AOR) Form

Member Name

Molina Member ID Number

APPOINTMENT OF REPRESENTATIVE

I agree to name _____ (Name and address) to act on my behalf for a grievance/appeal for _____ (specific issue).

I approve this person to make or give any request or notice for me. This person can present or show any facts or evidence. This person can also get info on any past, present or future treatments, testing, evaluations, drugs, diagnosis, and results. This person can also talk about all my medical care or services. This person can also talk about my claims or bills I may have received. In addition this person can receive any notice about my pending grievance or appeal.

SIGNATURE (member)

ADDRESS

TELEPHONE NUMBER (AREA CODE)

DATE

ACCEPTANCE OF APPOINTMENT

I, _____, agree to the above. I confirm that I have not been suspected or banned from practice before the Social Security Administration. I am not a current or former officer or employee of the United States disqualified as acting as the members' representative; that I will not charge or get any fee(s) for the representation unless it has been approved in agreement with the laws and regulations.

I am a/an _____
(Attorney, union representative, relative, etc.)

SIGNATURE (Representative)

ADDRESS

TELEPHONE NUMBER (with Area Code)

DATE



English: This notice has important information about your application or coverage with Molina Healthcare. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost. Call Member Services at (888) 560-5716, or TTY 711 for the hearing impaired, Monday through Friday 8:00 a.m. - 7:00 p.m. ET.

Spanish: Este aviso contiene información importante acerca de su solicitud o cobertura con Molina Healthcare. Es posible que usted necesite tomar acción antes de determinadas fechas límites para poder conservar su cobertura de salud o recibir ayuda con los costos. Usted tiene derecho a recibir esta información en un formato distinto, como audio, braille, o letra grande, debido a necesidades especiales; o en su idioma sin costo adicional. Comuníquese con nuestro Departamento de Servicios para Miembros al (888) 560-5716, o al servicio TTY al 711 para personas con impedimentos auditivos, de lunes a viernes, de 8:00 a. m. a 7:00 p. m., hora del este.

French Creole: Avi sa a gen enfòmasyon enpòtan sou aplikasyon ou oswa sou pwoteksyon ou avèk Molina Healthcare. Ou ka bezwen fè aksyon anvan sèten dat limit pou kenbe pwoteksyon sante ou oswa èd avèk depans yo. Ou gen dwa pou jwenn enfòmasyon sa yo nan yon fòm diferan, tankou odyo, lèt Bray, oswa gwo lèt akòz bezwen espesyal oswa nan lang ou pale san ou pa peye frè siplemantè. Rele Sèvis Manm nan nimewo (888) 560-5716, oswa TTY 711 pou moun ki gen twoub pou tande, lendi jiska vandredi, ant 8:00 a.m. ak 7:00 p.m. Lè Zòn Lès.

Vietnamese: Thông báo này có thông tin quan trọng về đơn xin hoặc khoản bảo trả của quý vị với Molina Healthcare. Quý vị có thể cần hành động trước thời hạn nhất định để duy trì bảo hiểm y tế của quý vị hoặc để được trợ giúp với các khoản chi phí. Quý vị có quyền nhận thông tin này ở định dạng khác như âm thanh, hệ thống chữ Braille, hoặc phông chữ lớn do nhu cầu đặc biệt hoặc bằng ngôn ngữ của quý vị mà không chịu thêm khoản phát sinh chi phí nào. Hãy gọi đến Dịch Vụ Thành Viên theo số (888) 560-5716, hoặc TTY 711 dành cho người khiếm thính, thứ Hai đến thứ Sáu, từ 8:00 giờ sáng - 7:00 giờ tối, Giờ Miền Đông.

Portuguese: Este aviso contém informações importantes sobre a sua proposta ou cobertura da Molina Healthcare. Talvez seja necessário que você realize alguma ação até determinados prazos para manter a cobertura do seu plano de saúde ou o auxílio com os custos. Sem custo adicional, você tem o direito de obter estas informações no seu idioma ou em um formato diferente, como áudio, Braille ou uma fonte maior, em caso de necessidades especiais. Ligue para os Serviços para membros, no telefone (888) 560-5716, ou TTY 711 para deficientes auditivos, de segunda a sexta-feira, das 8h às 19h (horário da costa leste dos EUA).

Chinese: 本通知提供了關於您申請 Molina Healthcare 或 Molina Healthcare 承保的重要資訊。您可能需要在某些截止日期前採取行動，保持您的健康承保或處理費用。您有權因有特殊需要而要求提供這些資訊的不同格式（如音訊、盲文或大字體）或使用您的語言，且無需另付費用。請在星期一至星期五上午 8:00 至晚 7:00（東部時間）撥打 (888) 560-5716 或者 TTY 711（聽障人士專線）聯繫會員服務部。

French: Cet avis comporte des informations importantes concernant votre demande ou votre couverture auprès de Molina Healthcare. Vous devez peut-être agir avant certaines échéances pour conserver votre couverture médicale ou votre aide financière. Vous avez le droit de demander d'obtenir ces informations sous un format différent, par ex. format audio, braille, ou police de caractères plus grandes suivant vos besoins, ou dans une autre langue, sans frais supplémentaires. Appelez les services aux membres au (888) 560-5716, ou TTY 711 pour les personnes sourdes, du lundi au vendredi de 08 h 00 à 19 h 00, heure normale de l'Est.

Tagalog: Ang abisong ito ay may mahalagang impormasyon tungkol sa iyong aplikasyon o pagkakasaklaw sa Molina Healthcare. Maaaring may kailangan kang isagawa bago ang ilang partikular na deadline upang mapanatili ang saklaw sa iyong kalusugan o ang tulong sa mga gastusin. May karapatan kang makuha ang impormasyong ito nang libre sa iba pang format, tulad ng audio, Braille o nang nakasulat sa malaking font dahil sa mga espesyal na pangangailangan o nang nakasulat sa iyong wika. Tawagan ang Member Services sa (888) 560-5716, o sa 711 kung gumagamit ng TTY para sa may kapansanan sa pandinig, Lunes hanggang Biyernes, 8:00 a.m. - 7:00 p.m. ET.

Russian: В этом уведомлении содержится важная информация о вашей заявке или страховом покрытии, предоставляемом компанией Molina Healthcare. Вам, возможно, потребуется предпринять некоторые действия до определенных сроков, чтобы сохранить страховое покрытие или получить помощь с оплатой. В связи с особыми потребностями вы имеете право бесплатно получить эту информацию на своем языке или в другом формате, включая крупный шрифт, шрифт Брайля или аудиоформат. Обращайтесь в Отдел обслуживания участников по телефону (888) 560-5716 или 711 (линия TTY для лиц с нарушениями слуха) с понедельника по пятницу, с 8:00 до 19:00 по тихоокеанскому времени.

Arabic: يحتوي هذا الإشعار على معلومات مهمة حول طلبك أو التغطية الخاصة بك لدى شركة Molina Healthcare. يمكن أن تكون هناك تواريخ رئيسية في هذا الإشعار. قد يلزم عليك اتخاذ إجراءات معينة بحلول تواريخ بعينها من أجل الحفاظ على التغطية الصحية أو المساعدة في التكاليف. يحق لك الحصول على هذه المعلومات بتنسيق مختلف، مثل التنسيق الصوتي أو بطريقة برايل أو بخط كبير بسبب الاحتياجات الخاصة أو باللغة الخاصة بك بدون أي تكاليف إضافية عليك. يتم كذلك توفير خدمات المترجم الفوري مجاناً لك. اتصل بقسم خدمات الأعضاء على الرقم 560-5716 (888)، أو بالنسبة لمستخدمي الهواتف النصية، يمكنهم الاتصال على الرقم 711 للمعاقين سمعياً، من الاثنين إلى الجمعة من الساعة الثامنة صباحاً إلى الساعة السابعة بعد الظهر بالتوقيت الشرقي.

Italian: La presente notifica contiene informazioni importanti sulla Sua richiesta o copertura presso Molina Healthcare. Per mantenere la copertura sanitaria o l'assistenza per il pagamento dei costi, potrebbe essere necessario effettuare determinate azioni entro le scadenze indicate. Lei ha il diritto di ottenere le presenti informazioni in formati differenti, quali audio, braille o caratteri grandi a causa di necessità particolari o nella propria lingua senza alcun costo aggiuntivo. Chiami i Servizi per i membri al numero (888) 560-5716, o TTY 711 per non udenti, da lunedì a venerdì alle ore 8:00 - 19:00 (fuso orario della costa orientale degli Stati Uniti).

German: Diese Mitteilung enthält wichtige Informationen über Ihren Antrag oder Ihren Versicherungsschutz durch Molina Healthcare. Sie müssen ggf. innerhalb bestimmter Fristen Maßnahmen einleiten, um Ihren Versicherungsschutz zu behalten, oder sich an den Kosten beteiligen. Sie haben das Recht, diese Informationen ohne zusätzliche Kosten aufgrund spezieller Bedürfnisse in einem anderen Format, wie beispielsweise Audio, Blindenschrift oder in großer Schrift, bzw. in Ihrer Sprache zu erhalten. Wenden Sie sich von Montag bis Freitag von 8:00 Uhr bis 19:00 Uhr ET telefonisch an den Mitglieder-Service (Member Services) unter (888) 560-5716 oder TTY 711 für Hörschädigte.

Korean: 본 통지문에는 귀하의 Molina Healthcare 신청 또는 보장에 대한 주요 정보가 포함되어 있습니다. 귀하는 의료 보장 또는 비용 보조 유지를 위해 특정 기한 내에 조치를 취해야 할 수 있습니다. 귀하는 특수한 상황에 따라 본 정보를 오디오, 점자, 큰 글씨 또는 귀하의 모국어 등의 다른 형태로 받아볼 권리가 있으며, 이때 추가 비용은 없습니다. 회원 서비스에 (888) 560-5716번으로 월요일~금요일, 동부기준시(ET) 오전 8시~오후 7시 사이에 전화해 주십시오. 청각 장애인의 경우 TTY 711번으로 전화하십시오.

Polish: Niniejsze powiadomienie zawiera ważną informację o Twoim wniosku lub ubezpieczeniu Molina Healthcare. Może być konieczne podjęcie działań w ramach określonych terminów, w celu zachowania ubezpieczenia zdrowotnego lub uzyskania pomocy dot. kosztów. Możesz otrzymać tę informację w innym formacie, np. audio, alfabetem Braille'a, dużą czcionką lub w języku, którym się posługujesz, bez dodatkowych kosztów. Zadzwoń do obsługi członków ubezpieczyciela (888) 560-5716 lub TTY 711 - obsługa osób głuchoniemych, od poniedziałku do piątku, w godz. 8:00 a.m. – 7:00 p.m. czasu wschodniego.

Gujarati: આ નોટિસ Molina Healthcare સાથેની તમારી અરજી અથવા કવરેજ વિશે અગત્યની માહિતી ધરાવે છે . તમારું સ્વાસ્થ્ય કવરેજ રાખવા માટે અથવા ખર્ચમાં મદદ કરવા માટે ચોક્કસ સમયમર્યાદા સુધીમાં તમારે કાર્યવાહી કરવાની જરૂર પડી શકે છે. કોઈ વિશેષ જરૂરિયાતોને કારણે અથવા તમારી ભાષામાં વધારાના કોઈ ખર્ચ વિના ઓડિયો, બ્રેઇલ અથવા મોટા અક્ષરોમાં આ માહિતી મેળવવાનો તમને અધિકાર છે. (888) 5716-560 પર અથવા મૂકબધિર માટે TTY 711 પર સોમવારથી શુક્રવાર સવારે 8:00 થી સાંજે 7:00 દરમિયાન મેમ્બર સર્વિસીઝને કોલ કરો.

Thai: ประกาศนียบัตรขอความช่วยเหลือจากกรมสุขภาพหรือความคุ้มครองของกรม Molina Healthcare กรมการจะดำเนินการภายในเวลาที่กำหนดไว้เพื่อรักษาความคุ้มครองด้านสุขภาพหรือความช่วยเหลือด้านค่ารักษาของคุณ กรมสุขภาพจะได้รับการขอมลใดหลากหลายรูปแบบ อย่างเช่น ขอมลเสียง อักษรเบรลล์ หรือตัวหนังสือขนาดใหญ่บนหน้าจอคอมพิวเตอร์ หรือในภาษาของคุณโดยไม่ค่าใช้จ่ายเพิ่มเติม ติดต่อแผนกบริการสมาชิกได้ (888) 560-5716 หรือ TTY 711 สำหรับบทความบทกรองทางการโดย วนจนทรงาน ศกร 8.00 - 19.00 ET