

Vision Plan of America



(213) 384-2600 ☐ (800) 400-4-VPA
3255 WILSHIRE BOULEVARD ☐ SUITE 1610
LOS ANGELES ☐ CALIFORNIA 90010
FAX ☐ (213) 384-0084

GRIEVANCE FORM

You will receive an acknowledgement letter within 5 days of receiving your complaint by our office and who may be contacted for more information. You will be advised of the final disposition of your complaint.

Date: _____

Member Number: _____

Full Name: _____

Address: _____

Telephone: _____

Email: _____

Vision Care Office: _____

Nature of Complaint: _____

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 800-400-4VPA 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.

Please fax this form to us at 213-384-0084 or mail it to:

Vision Plan of America
3255 Wilshire Blvd., Suite 1610
Los Angeles, CA 90010