



COMPLAINT- APPEAL FORM Health Initiative

**Send to: Santa Barbara Regional Health Authority (SBRHA)
Member Services Department at 110 Castilian Drive – Goleta, CA 93117-3028
Fax: 805-685-2767 Toll Free Telephone Number 1-877-814-1861**

Member Name:	Birth Date:	Social Security Number:
Street Address:		
City	State	Zip
Telephone:		
Name of Provider:		
Description of your complaint / appeal. Please provide dates, times, places and names. Use second sheet or backside if needed.		
Signature of Person Filling Out Form:		Date:

You Have the Right to Appeal This Decision

Our Member Services Department is available to assist in resolving member complaints and appeals. You may request verbally or in writing an appeal or review of a decision you disagree with by calling 1-877-814-1861. Your complaint or appeal will be resolved within thirty (30) calendar days.

YOUR RIGHT TO REQUEST A STATE FAIR HEARING

STATE FAIR HEARING INSTRUCTIONS

If you are dissatisfied with the action described, you may request a State Hearing before a Hearing Officer of the State Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your county worker can help you request a hearing. If you decide to request a hearing, you must do so **WITHIN 90 DAYS OF THE MAILING OF THIS NOTICE**. You may also get help from the State Medi-Cal Managed Care Ombudsman Office by calling **1-888-452-8609**. If you wish to request a State Hearing, please complete the request form enclosed. You must provide all the information on the form; any information missing from the request form may delay the processing of your State Hearing request. A case file will be set up for you the Chief Referee. You have a right to examine the materials that make up the record for the State Hearing decision and may locate the record by contacting the Public Inquiry and Response Unit at 1-800-952-5253. Any information you provide may be shared with the county welfare department or with the United States Department of Health and Human Services (Welfare and Institutions Code, Section 10950). STATE REGULATIONS AVAILABLE State regulations, including those covering State Hearings, are available at the local office of the Department of Social Services. Your request for a State Fair Hearing should be mailed to the State Department of Social Services, State Hearing Division, Post Office Box 944243, Mail Station 19-37, Sacramento, CA 94244-2430.

AUTHORIZED REPRESENTATIVE

You can represent yourself at the State Fair Hearing. You can also be represented by a friend, attorney or any other person, but you are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the Toll Free number of the Public Inquiry and Response Unit at 1-800-952-5253. You may represent yourself or be represented by legal counsel, a friend or any other person you wish to appoint.