

Member Grievance or Complaint Form

Path to Health members may use this form to file a written grievance or complaint regarding any aspect of our services **not** related to an action, medical procedure, or authorization for service. Members or their representative may submit grievances or complaints orally to Advanced Medical Management, Inc. (AMM) Customer Service at 1-877-589-6807. You may also complete this form, attach any related documents, and mail or fax the completed form and documents to:

Path to Health - Advanced Medical Management
Attn: Customer Service - Grievances
5000 Airport Plaza Drive, Suite 150
Long Beach, CA 90815
Fax (562) 766-2006

Member Name: _____

Member ID-CIN# _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Information about the Grievance

This information becomes part of your permanent record; write clear and legible.

Date of Incident: _____

Describe what happened. Attach additional pages if necessary.

Signature of Member

X _____ Date: _____

To file an appeal regarding medical benefits that are denied, reduced, or terminated in whole or in part, you may complete a Member Appeal form located on AMM's website at <http://pathtohealth.amm.cc/Home/Members>.