



**Gold Coast
Health Plan**SM
A Public Entity

MEMBER GRIEVANCE & APPEALS FORM

Please complete form and attach any related documents. Mail form and documents to:

**GCHP Grievances
P.O. Box 9176
Oxnard, CA 93031**

You may also file a grievance by calling Member Services phone number on your Gold Coast Health Plan ID card.

TODAY'S DATE:	
MEMBERS NAME:	
MEMBERS DATE OF BIRTH:	MEMBERS ID #:

INFORMATION ABOUT THE GRIEVANCE OR APPEAL

This information becomes part of the permanent record; please write clearly and legibly.

Date of incident or denial: _____

Describe the problem in detail (Attach additional pages as necessary):

Signature of Member / Parent / Guardian (if member is a minor)

X: _____ Date: _____

If you need assistance with this form, please call the Gold Coast Health Plan Member Services phone at 888-301-1228.