

Connect to Care 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(888) 614-0846. You may also complete this form, attach any related documents, and mail or fax the completed form and documents to:

Connect to Care – 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 # _____

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 <https://connecttocare.amm.cc/Members>.