



287 Lorton Avenue
Burlingame, CA 94010
lyrahealth.com

GRIEVANCE / COMPLAINT FORM

Please Contact feedback@lyrahealth.com with any questions.

Contact Information:

Member name:*	Phone:*
DOB:*	Email:*
Street Address:*	City, State, Zip:*
Subscriber name (if different from member):	Subscriber Employer:
Incident date:	

If Complaint is submitted by anyone other than the member to whom it pertains:

Name of person submitting complaint:	Relationship to member:
Phone:	Email:
Street Address:	City, State, Zip:

Best Method to contact you to discuss the complaint/concern	
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Primary Reason for Complaint (i.e., unhappy with provider)	
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Tell us more about your concern or complaint with your care:

*For members who work or live in Alameda, Contra Costa, Los Angeles, Marin, Orange, Sacramento, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Stanislaus, or Ventura counties:

*Please note all Concerns and Complaints are reviewed by Lyra Behavioral Health, Inc. and take approximately 30 days to review. You will be sent a written notice with a final determination of your request. 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 **1-877-505-7147** 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.dmhc.ca.gov> has complaint forms, IMR application forms and instructions online.*