

Complaint Form

If you have a complaint about Cascade Health Alliance's (CHA) services, fill out this form and send it to CHA's Compliance Department, 2909 Daggett Ave - Suite 225, Klamath Falls OR 97601.

Member name:	Member's CHA ID number or date of birth:
Your name <i>(if you are not the member)</i> :	Phone number:
1. What happened? 2. When did it happen? 3. Who was involved? (Provider/Clinic)	
<i>Attach any documents such as notices, denials of service, doctor's bills, or correspondence which might help us investigate the complaint.</i>	
4. What would you like us to do?	
5. Do you want to talk to someone from our compliance department? Yes No	
6. When is a good time to call you to talk about this?	
For complaints about CHA's phone service, also tell us the following: The day and time of the call:	
The number you called <i>(select one)</i> : <input type="checkbox"/> 541-883-2947 or <input type="checkbox"/> Other _____	
How long did you wait?	Who took your call?
Why did you call?	

NOTICE: If you still have a complaint about CHA or Oregon Health Plan, you can complete this form and send it to OHP Client Services at PO Box 14015 Salem OR 97309 or visit www.ohp.oregon.gov. If you do not agree with a denial you received from CHA, you will need a different form. To learn more, see the Member Handbook at www.cascadehealthalliance.com.

Upon request, this document is available in other languages, large print, audio format, or a format that you prefer free of charge. Free Interpreter services are available in all languages by calling CHA Member Services at 541-883-2947 or Toll Free at 1-888-989-7846.