



# Nevada Appeals and Grievance form

## Section A: Member information

Last name		First name		Initial
Date of Birth (MM/DD/YY)			Authorization number and denial date	
Mailing address			City	State ZIP
Evening Phone	Daytime Phone		Contact hours (Please specify when you prefer to be called)	
Member ID				

## Section B: Please give a detailed reason for your appeal or grievance:

## Section C: Signature

I certify that the statements made in this appeal or grievance are true and correct to the best of my information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If the appeal or grievance is filed by a personal representative on behalf of the individual, complete the following and check the appropriate box. Print name of personal representative:

\_\_\_\_\_  
Signature of personal representative

\_\_\_\_\_  
Date

- Parent of minor child   
 Legal guardian   
 Power of Attorney   
 Executor/Conservator  
 Other

### Please return this form and supporting documents to:

Molina Healthcare, Inc.  
Attn: Nevada Member Appeals and Grievances  
PO Box 182273  
Chattanooga, TN 37422 or  
Fax (833) 412-3145



**Non-Discrimination Notice**  
**Molina Healthcare of Nevada**  
**Marketplace**

Molina Healthcare of Nevada (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina does not discriminate on the basis of race, color, national origin, age, disability, or sex. This includes gender identity and sexual orientation.

To help you communicate with us, Molina provides the following services free of charge:

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in other languages
  - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (833) 671-0051 (TTY: 711) Monday – Friday, 8 a.m. to 6 p.m. PST.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or e-mail. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889 (TTY: 711). Mail your complaint to:  
Civil Rights Coordinator  
200 Océangate  
Long Beach, CA 90802

You can e-mail your complaint to [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

You can mail it to:

U.S. Department of Health and Human Services  
200 Independence Ave., SW  
Room 509F, HHH Bldg.  
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf) or call (800) 368-1019, TTY (800) 537-7697.

Distribuido por Molina Healthcare of Nevada, Inc. (Molina). Para obtener esta información en otros idiomas y formatos accesibles, llame al Departamento de Servicios para Miembros. Este número telefónico se encuentra al reverso de su tarjeta de identificación del miembro. Puede solicitar esta información sin costo en otros formatos, como letra grande, sistema Braille o audio. Llame al (833) 671-0051 (TTY/TDD: 711), de lunes a viernes, de 8 a. m. a 6 p. m., hora del Pacífico. Molina cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.