

GRIEVANCE, STANDARD APPEAL, AND EXPEDITED APPEAL FORM

As a client of Glenn County Behavioral Health (GCBH), you have the right to let us know if you are unhappy or dissatisfied with any matter with GCBH. For most matters, you may file a **grievance**. If the matter involves an Adverse Benefit Determination (ABD), you have the right to file an **appeal**. An ABD occurs in the following situations:

- We deny or limit a requested service through our service authorization process, including the type or level of service;
- We reduce, suspend, or terminate a service that was previously authorized;
- We deny all or part of payment for a service;
- We fail to provide services to you in a timely manner;
- We fail to act within the timeframes for deciding about grievances, appeals, or expedited appeals; or
- We deny your request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial liabilities

<input type="checkbox"/> Grievance	<input type="checkbox"/> Standard Appeal	<input type="checkbox"/> Expedited Appeal
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Name of Person Filing:

Client Name:

Address:

City:	State:	Zip Code:
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Phone Number:

Date of Request:

Reason for Request:

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Client Signature:	Date:
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 <p style="text-align: center;">Glenn County Behavioral Health Grievance, Standard Appeal, and Expedited Appeal Form</p>	<p>Please Return Completed Form To: Glenn County Health and Human Services Agency Attn: Quality Improvement Department 242 North Villa Willows, CA 95988 (530) 934-6582 or (800) 500-3530</p>
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