



4665 Business Center Drive
Fairfield, California 94534

<Date>

<Member Name>

<Member's Address>

<Member's City, State and Zip>

Re: <Member Name only if minor>

Dear <Member Name or Parent/Legal Guardian>:

This letter is to let you know that Partnership HealthPlan of California was told by <PCP's name and/or name of office>, that <mbr's name> <enter behavior or reason provider is requesting assistance> <if requesting inappropriate behavior, add: may have been inappropriate during a recent medical visit>

There may be times when something happens at the provider's office that you may not like. It is best to try to solve the issue calmly. Future behavior that is not proper at the provider's office could end in you being let go from their practice.

If you are not able to solve problems at your provider's office, call us for help at **(800) 863-4155**.

Visit the Partnership website at PartnershipHP.org to use the Member Portal. You can look at the Member Handbook, Provider Directory and read your Rights and Responsibilities on the Member Portal.

We are here to help you. Call us at **(800) 863-4155**, Monday - Friday, 8 a.m. to 5 p.m. if you have any questions or concerns. TTY/TDD users can call the California Relay Service at **(800) 735-2929** or call **711**.

You can call the Department of Health Care Services Managed Care Ombudsman's office at **(888) 452-8609**, Monday - Friday from 8 a.m. to 5 p.m., if you have any questions or a complaint about your health care. They can help you with these types of issues.

This notice does not change your Partnership benefits or keep you from getting the care you need.

Sincerely,
Member Services Department

Enclosures: Nondiscrimination and Language Assistance Notice