



Ombuds Contact Form

Instructions:

Use this form to contact the Ombuds Office if your problem or issue has not been resolved by: calling the Service Center, filing a Covered California complaint, or filing an appeal. If you have tried one of the methods listed and still have been unable to resolve your problem, The Ombuds Office can research your case and help you find a resolution. If we cannot help you, we will explain why we could not or refer you to a resource that may be able to.

Questions?

If you need help in another language or would like to contact us over the phone, call the Ombuds Office at (888) 726-0840, Covered CA TTY at (888) 889-4500 or E-mail us at Ombuds@covered.ca.gov.

Information about you?		
First Name:	Last Name:	
Primary Contact Number:	Secondary Contact Number:	
E-mail:		
Mailing Address:		
City:	State:	Zip:
Case ID (optional):	Date of Birth (optional):	

How can we contact you?		
<input type="checkbox"/> E-mail	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail

If by phone, when is the best time to contact you? (Multiple options can be selected)

<input type="checkbox"/> Morning: 8am-noon	<input type="checkbox"/> Mid-Day: 11am-2pm	<input type="checkbox"/> Afternoon: 12pm-5pm
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What are you contacting us about?	
<input type="checkbox"/> Access to Care	<input type="checkbox"/> Enrollment
<input type="checkbox"/> Account Issue	<input type="checkbox"/> General Question
<input type="checkbox"/> Appeals Issue	<input type="checkbox"/> Termination
<input type="checkbox"/> A Qualified Health Plan	<input type="checkbox"/> Other

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Tell us about your situation (Optional - Use more paper if you need more space to write)

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Consent to refer this form to another Department/Organization:

The Ombuds Office may have to refer this form to another state agency or consumer assistance group. Do you agree to have your information sent to another state agency/consumer group?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Return this form by:

<u>E-mail this form to:</u> Ombuds@covered.ca.gov	<u>Mail this form to:</u> Covered California Ombuds Office 1601 Exposition Blvd Sacramento, CA 95815	<u>Fax this form to:</u> (888) 726-0841
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What Happens Next?

The Ombuds Office will review your form and respond to you in 1-3 business days. Please allow up to 5 business days for mail.