

Oregon Health Plan Complaint Form

If you are enrolled in a coordinated care organization (CCO), please call your CCO first with any complaints.

If you still have a complaint about Oregon Health Plan (OHP) services, fill out this form and send it to OHP Client Services, PO Box 14015, Salem OR 97309.

| | |
|---|--|
| Your name: | Your phone number: |
| Member's name (<i>if you are not the member</i>): | Member's Medicaid ID number, or Date of Birth: |
| What happened? When did it happen? Who was involved? (<i>Attach any documents such as notices, denials of service, doctor's bills, etc., which might help us investigate your complaint.</i>) | |
| What do you want us to do to fix it? | |
| Attach additional pages, if needed. | |

NOTICE: If you do not agree with a denial you received for OHP services, you will need a different form. To learn more, visit our Complaints and Appeal page at www.oregon.gov/OHA/healthplan/pages/complaints-appeals.aspx.