

Member Request to Amend a Designated Record Set

If you have questions, please contact Customer Service at 503-574-8000 (toll-free 1-800-603-2340; TTY 711

INFORMATION			
MEMBER LAST NAME	MEMBER FIRST NAME	MEMBER MIDDLE NAME	
DATE OF BIRTH / /	MEMBER ID#	GROUP ID#	
STREET ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER

After review of my record, I do not feel that original documentation made by _____ accurately reflects medical services provided, inquires made, claims payment or denied on the following date (___ / ___ / ___). I am requesting a correction or addendum to _____ (identify specific document in question) contained in my medical record.

I request the following correction/amendment be made to my claims and enrollment record.

Please send a copy of the corrected/amended documents to the company or individual listed below:

Company: _____ Name: _____

Address: _____ City: _____ State: _____ Zip: _____

I understand that Providence Health Plans (PHP) may or may not supplement my record with an addendum based on this request. PHP is not allowed to alter the original documentation in my record. My request for amendment and any action taken on this request, will become a permanent part of my record, and will be included with any future authorized disclosures.

PHP will provide a response to this request within sixty days. I can provide a statement of disagreement if PHP denies my request. If I am not satisfied with the action taken with respect to this amendment process, I can write PHP at PO Box 4327, Portland, OR 97208-4327 and report my concerns.

Please sign and date:

Member or Representative's signature Date

Printed Name of Representative (if applicable) Relationship to Member

FOR OFFICE USE ONLY

Date received: _____ Sent to: _____ Title: _____

Date: _____

... Amendment Accepted

... Denied: Records are Accurate and Complete

... Denied: Other (state reason) _____

By: _____ Title: _____

Date: _____

Member notified:

By: _____ Title: _____

Date: _____

Non-discrimination Statement

Providence Health Plan and Providence Health Assurance comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Providence Health Plan and Providence Health Assurance do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Providence Health Plan and Providence Health Assurance:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you are a Medicare member who needs these services, call 503-574-8000 or 1-800-603-2340. All other members can call 503-574-7500 or 1-800-878-4445. Hearing impaired members may call our TTY line at 711.

If you believe that Providence Health Plan or Providence Health Assurance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Non-discrimination Coordinator by mail:

Providence Health Plan and Providence Health Assurance
Attn: Non-discrimination Coordinator
PO Box 4158
Portland, OR 97208-4158

If you need help filing a grievance, and you are a Medicare member call 503-574-8000 or 1-800-603-2340. All other members can call 503-574-7500 or 1-800-878-4445 (TTY line at 711) for assistance. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW - Room 509F HHH Building
Washington DC 20201
1-800-368-1019, 1-800-537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Access Information

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-603-2340 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-603-2340 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-603- 2340 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-603-2340 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-603-2340 (TTY: 711) 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-603-2340 (телетайп: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-603-2340 (TTY: 711).

Ukrainian: УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-603-2340 (телетайп: 711).

Mon-Khmer, Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អៗ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-603-2340 (TTY: 711)។

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-603-2340 (TTY:711)まで、お電話にてご連絡ください。

Amharic: ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-603-2340 (መስማት ለተሳናቸው: 711)።

Cushite (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-603-2340 (TTY: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-603-2340

(رقم هاتف الصم والبكم: (TTY: 711)).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-603-2340 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-603-2340 (TTY: 711).

Laotian: ໂປດຊາບ: ຖ້າ ທ່ານ ທີ່ ກຳລັງ ກຳລາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອັດຕະໂນ ກຳລາ ລາວ, ໂດຍບໍ່ເສັຽ ຈຳນວນ ມາດ ອມໃຫ້ ທ່ານ. ໂທ 1-800-603-2340 (TTY: 711).

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-603-2340 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-603-2340 (ATS: 711).

Thai: ฅື່ຍນ: ດ້າຊຸນພຸດກາຊາໄທຊຸນສາມາດໃຊ້ບຸຣິກາຣຊ່ວຍເຫຼືອທາງກາຊາໄດ້ຟຣີ ໂທ 1-800-603-2340 (TTY: 711)

Persian:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما تماس بگیرد.
فراهم می باشد. با 1-800-603-2340 (TTY: 711)

Providence Medicare Advantage Plans is an HMO, HMO-POS, and HMO SNP plan with a Medicare and Oregon Health Plan contract. Enrollment in Providence Medicare Advantage Plans depends on contract renewal.

H9047_2017PHP24_ACCEPTED

MDP-023F

DOC-002 (02/09)