Health Net®
FEDERAL SERVICES

Patient-Centered Community Care (PCCC) and Veterans Choice Program

Grievance Form

For grievances regarding a provider or services by Health Net Federal Services, LLC (Health Net), return form to: Health Net Federal Services, LLC Attn: Grievances Fax: (916) 353-6826 2025 Aerojet Road Rancho Cordova, CA 95742-6418		**For claims related issues DO NOT USE this form.** **Contact the appropriate phone number based on the Veteran's eligibility indicated on the authorization.** PCCC Call Center 1-800-979-9620 Veterans Choice Call Center 1-866-606-8198		
Name of involved Veteran:		**Veteran's date of birth:**	**Veteran's SSN:**	
Your name:	**Relationship to the Veteran:**	**Veteran's daytime phone number:**		
Mailing address:		**City:**	**State:**	**ZIP code:**
Name of provider, Health Net associate or department of concern:		**Provider mailing address:**		
Date(s) of incident(s):	**Provider phone number:**	**City:**	**State:**	**ZIP code:**

Describe concern(s): Please include what happened, when it happened, and where it happened. Be specific about statements made to you including the names of individuals who made the statements. Try to describe the events in the order in which they happened. You may attach additional pages or supporting documentation.

Signature:	**Date:**

Note: If you are a provider with questions or concerns regarding your Preferred Provider Network contract or rates, please contact provider relations via email at HNFSProviderRelations@healthnet.com