DHS
Oregon Department of Human Services

Print

Oregon Health Plan Complaint Form

Clear Form

Office of Medical Assistance Programs

If you have a complaint about your Oregon Health Plan services, fill out this form.

- If your concern is about services from a Managed Care Plan, send this form to the plan at the address shown on your Medical Care Identification Form.
- For other concerns, send this form to Client Advisory Services Unit; OMAP; 500 Summer St. NE E44; Salem, OR 97301-1079.

Your Name:

Your Phone Number: ( )

Client's Name (if you are not the client):

Client's Social Security Number or Medicaid ID Number:

What happened? When did it happen? Who was involved? (Attach any documents such as notices, denials of service, doctor's bills, etc., which might help us investigate your complaint.)

What should be done about it?

Attach additional pages, if needed

NOTICE: This is not an Administrative Hearing request form. To ask for a hearing, obtain form DHS 443 from any office of the Department of Human Services.