

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 OHP.Oregon.gov (click "Complaints and appeals").