

## Call the DMHC Help Center

1-888-466-2219

### Sample Script:

I am calling to file a complaint regarding [Health Plan Name]'s denial of my continuity of care request (Case # [If available] or Denial Letter Date [Date]).

I have already filed a complaint with my health plan and am escalating to the Department of Managed Health Care.

I have been a patient of Dr. [Doctor Name] for [Number] years/months for the treatment of [Condition]. Dr. [Doctor Name] is no longer in [Health Plan Name]'s network. According to California Health and Safety Code section 1367(d), I am entitled to continuity of care.

Discontinuing care with this provider would [explain risk, e.g., disrupt my treatment plan, cause severe anxiety, or cause a relapse of my condition].

I request an Independent Medical Review (IMR) because the plan has denied me access to a qualified provider for an active condition.