

PHYSICIANS MEDICAL GROUP OF SAN JOSE

1565 Mabury Road, Suite D-1
San Jose, CA 95133
(408) 937-3642

MEMBER CONCERNS FORM

NAME _____ **DATE** _____

PROVIDER _____ **HEALTH PLAN:** _____

ID#: _____ **PHONE:** _____

CONCERN/COMPLAINT/GRIEVANCE:

Mail to your Health Plan. *The Health Plan address may be on the back of your card OR call their Member Services number (see back of card) to obtain address information.*

Or call:

PMG's Member Services Department at (408) 937-3642

Or mail to:

Physicians Medical Group/Excel MSO Member Services
1565 Mabury Road, Suite D-1
San Jose, CA 95126

Or fax to:

(408) 937-3638

The information contained in this transmission is confidential and only to be used by the intended recipient. If this fax was received in error, please destroy immediately and notify the sender or intended recipient at once. Thank you for your cooperation.