OREGON HEALTH PLAN
Customer Service

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 *(if you are not the member)*:	Member's OHP ID number, or Date of Birth:
What happened? When did it happen? Who was involved? *(Attach any documents such as notices, denials of service, doctor's bills, etc., correspondence between the member and others such as DHS/OHA or the CCO, which might help us investigate the complaint.)*	
What do you want us to do about this?	
For complaints about OHP's phone service, **also** tell us the following: The day and time of the call: The number you called *(select one)*: ☐ 800-699-9075 or ☐ 800-273-0557 How long did you wait? Who took your call? Why did you call?	
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").