

## Grievance Form

If you have encountered any difficulties or have had any concerns with Sutter Health Plus or a Sutter Health Plus provider, please give us a chance to help. You may submit a formal complaint or grievance at any time.

*Note: You are not required to use this form to file a grievance or complaint. If you prefer, you may telephone Sutter Health Plus at 1-855-315-5800 (TTY users call 1-855-830-3500) to file your complaint or grievance.*

If you wish to use this form to start the grievance process, fill out the form below. Describe the situation in detail, including the specific details of the problem such as where and when it happened, and what you believe Sutter Health Plus can do to resolve the concern.

|                                                                                       |                                 |
|---------------------------------------------------------------------------------------|---------------------------------|
| <b>Member Name:</b>                                                                   |                                 |
| <b>Date of Birth:</b>                                                                 | <b>Sutter Health Plus ID #:</b> |
| <b>Address:</b>                                                                       |                                 |
| <b>Phone #:</b>                                                                       |                                 |
| <b>E-mail Address:</b>                                                                |                                 |
| <b>Name of Person Filing the Grievance &amp; Relationship (if other than member):</b> |                                 |
| <b>Best way to reach you:</b>                                                         | <b>Best Hours:</b>              |

**Details of your complaint:** (Please be as specific as possible with dates, times and the nature of the problem. Include the names, if any, of anyone in Sutter Health Plus or the provider office with whom you discussed this. Use the other side of this form or additional sheets if you need more room.)

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If you have received a denial for treatment, services, or supplies deemed experimental and have an incurable or irreversible condition that has a high probability of causing death within one year or less (terminal illness), and you would like to request a conference as part of the grievance system, please place a check mark in the space below.

**Yes, I have a terminal illness and am requesting a conference:** ☐

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**Signature**

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**Date**

**Please send your completed Grievance Form to:**

**Sutter Health Plus**

Attn: Grievance & Appeals

PO Box 160305

Sacramento, California 95816

Fax: 1-916-736-5422 (Toll-Free 1-855-759-8755)

Phone - Member Services: 1-855-315-5800 (TTY 1-855-830-3500)

*Note: If this case involves an imminent and serious threat to the member including, but not limited to, severe pain, the potential loss of life, limb, or major bodily function, please telephone Sutter Health Plus at: 1-855-315-5800 (TTY users call 1-855-830-3500) to file your complaint or grievance. You may also call the California Department of Managed Health Care at: 1-888-HMO-2219 or use the TDD line (1-877-688-9891).*

**NOTICE TO THE MEMBER OR YOUR REPRESENTATIVE:**

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against Sutter Health Plus, you should first telephone Sutter Health Plus at **1-855-315-5800 (TTY 1-855-830-3500)** and use the Sutter Health Plus grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by Sutter Health Plus, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

IMPORTANTE: ¿Puede leer esta forma? Si no puede, podemos pedir que alguien le ayude a leerla. También es posible obtener esta forma en su idioma. Para recibir ayuda gratuita, llame enseguida al departamento de Servicio a los miembros de Sutter Health Plus al 1-855-315-5800.

## **Grievance Process Overview**

### **POLICY:**

Sutter Health Plus wants members to be satisfied with their health care and has established a formal process for addressing member concerns and complaints, and appeals or requests for review of a coverage decision. This process provides members with a uniform and equitable treatment of their complaint/grievance and a prompt response.

All member information will be handled in a confidential manner according to Sutter Health Plus policies and procedures and in compliance with applicable laws and regulations related to confidentiality of patient information. Sutter Health Plus does not and will not discriminate against any member who has initiated the filing of a complaint/grievance.

Sutter Health Plus will ensure that all members have access to and can fully participate in the grievance system by providing assistance to those with limited English proficiency or with visual or other communicative impairment. Such assistance shall include, but is not limited to, translation of grievance procedures, forms and plan responses to grievances, as well as access to interpreters, telephone relay systems and other devices that aid disabled individuals to communicate.

### **DEFINITION OF A GRIEVANCE:**

A grievance is a written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration, or appeal made by a member or the member's representative. When the plan is unable to distinguish between a grievance and an inquiry, it shall be considered a grievance.

Members have up to 180 calendar days from the date of an incident or dispute, or from the date the member receives a denial letter, to submit a grievance to Sutter Health Plus.

### **FILE YOUR GRIEVANCE:**

A member may file a grievance or have a representative file a grievance. A member may appoint any individual (such as, a relative, friend, advocate, an attorney, or any physician) to act as the member's representative and file a grievance on his/her behalf. Members must appoint a representative in writing. Also, a representative (surrogate) may be authorized by a court to act in accordance with State law to file a grievance for a member.

- You can file your grievance by contacting the Member Services Department toll free at:

**Sutter Health Plus  
1-855-315-5800  
(TTY 1-855-830-3500)**

A trained Member Services Representative will try to answer questions or resolve the expressed concerns/issues during the call, but if Member Services cannot resolve the situation, ask the representative for more information about how to file a grievance.

- If you prefer, you may mail your grievance or submit the Grievance Form in writing to:

**Sutter Health Plus  
Attn: Grievance Department  
PO Box 160305  
Sacramento, California 95816**

**Fax: 1-916-736-5422 (Toll-Free 1-855-759-8755)**

Please include a complete discussion of your questions or situation and your reasons for dissatisfaction. If you would like assistance in filing a grievance, please call Member Services and a representative will assist you in completing the Grievance Form or explain how to write your letter. They will also be happy to take the information over the phone verbally.

- You can fill out a grievance form available at your provider's office.
- You can submit the Grievance Form online at: [www.sutterhealthplus.org](http://www.sutterhealthplus.org)

**Please tell us if this case involves an imminent and serious threat to the member including, but not limited to, severe pain, the potential loss of life, limb, or major bodily function.**

Grievances related to Mental Health or Chemical Dependency Detoxification Benefits

U.S. Behavioral Health Plan, California (USBHPC) administers all levels of review under Sutter Health Plus Grievance Process for complaints regarding mental health or chemical dependency/detoxification services. If you have an inquiry or concern regarding your mental health or chemical dependency/detoxification benefits, you should first call USBHPC Customer Service Department at 1-855-202-0984. Every effort will be made to resolve your inquiry or concern through the Customer Service Department.

You may submit a verbal or written grievance to USBHPC Grievance Unit at:

Mail: USBHPC  
Attn: Appeals Department  
P.O. Box 2839  
San Francisco, CA 94126

On-line: [LiveandWorkWell.com](http://LiveandWorkWell.com)

Telephonic: 1-855-202-0984

Grievance forms and filing information are available through the USBHPC Customer Service Department.

### **EXEMPT GRIEVANCE REVIEW:**

If you telephone us with a grievance which is not a coverage dispute, disputed health care service involving a medical necessity decision, or a matter involving an experimental or investigational treatment, Sutter Health Plus will try to process the grievance through our exempt grievance process. This means we will attempt to resolve the grievance within one business day without sending you any additional letters or paperwork.

### **STANDARD GRIEVANCE REVIEW:**

Sutter Health Plus will send an acknowledgment letter to the Member within five (5) calendar days of receipt of a standard grievance (a non-exempt grievance). We will fully investigate your grievance, including all aspects of medical care involved. If the grievance involves a quality of care issue or involves medical decision-making, it is reviewed by the Sutter Health Plus Care Management Department, under the direction of the Vice President of Care Management.

For standard grievances, a determination is rendered and the resolution sent in writing to the member within thirty (30) calendar days of our receipt of your grievance. The written notification of the disposition of the grievance sent to the member will include an explanation of the contractual or clinical rationale for the decision.

### **EXPEDITED GRIEVANCE REVIEW:**

The grievance system includes an expedited review process for urgent grievances. A grievance is expedited when a delay in decision-making would pose an imminent and serious threat to the health of the member including, but not limited to, potential loss of life, limb, or major bodily function. If you qualify for an expedited review, you may make a request for expedited review by contacting Central Health Plan or by filing a complaint with the California Department of Managed Care (DMHC) (see FURTHER APPEAL RIGHTS below).

The Expedited Grievance process is initiated using one of the methods listed under "FILE YOUR GRIEVANCE." Calling the Member Services Department is the recommended method for requesting an expedited review.

Upon receipt of a grievance, the grievance is logged and all necessary information is collected in order to review and render a decision. After an appropriate clinical peer reviewer has reviewed all of the information and determined the case involves an imminent and serious threat to the member, including but not limited to, severe pain, the potential loss of life, limb, or major bodily function, a written disposition is sent in writing to the member and practitioner within three (3) calendar days of our receipt of the grievance. The letter contains all clinical rationale used in making the decision.

If you make a request for expedited review and it is determined that you do not qualify for an expedited review, your grievance will be reviewed in the standard 30-day grievance process. You will be notified by mail if you do not qualify for expedited review.

#### **FURTHER APPEAL RIGHTS:**

You may be able to pursue one or more of the following appeal processes, depending on your situation. If you need assistance in determining your appeal rights, please contact the Member Services Department.

1. File a complaint with the DMHC.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against Sutter Health Plus, you should first telephone Sutter Health Plus at **1-855-315-5800 (TTY 1-855-830-3500)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by Sutter Health Plus, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free **telephone number (1-888-HMO-2219)** and a **TDD line (1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

2. Request Independent Medical Review.

The independent medical review (IMR) process is in addition to any other procedures or remedies that may be available to you. You pay no application or processing fees of any kind for IMR. You have the right to provide information in support of the request for IMR. Sutter Health Plus must provide you with an IMR application form with any grievance disposition letter that denies, modifies, or delays health care services. A decision not to participate in the IMR process may cause you to forfeit any statutory right to pursue legal action against the plan regarding the disputed health care service.

## Eligibility

(a) Disputed Health Care Service. You may request an IMR of disputed health care services from the DMHC if you believe that health care services have been improperly denied, modified, or delayed by Sutter Health Plus or one of its contracting providers. A “Disputed Health Care Service” is any health care service eligible for coverage and payment under your subscriber contract that has been denied, modified, or delayed by Sutter Health Plus or one of its delegates, in whole or part on findings that the proposed services were not medically necessary. Your application for IMR will be reviewed by the DMHC to confirm the conditions of eligibility set forth below are satisfied:

- i. The member’s provider has recommended a health care service as medically necessary, OR the member has received an urgent care or emergency service that a provider determined was medically necessary, OR the member, in the absence of such a recommendation or the receipt of urgent care or emergency services, has been seen by an in-plan provider for the diagnosis or treatment of the medical condition for which the member seeks independent review.
- ii. The Disputed Health Care Service has been denied, modified, or delayed by Sutter Health Plus or its delegated entity, based in whole or in part, on a decision that it is not medically necessary.
- iii. The member filed a grievance with the Sutter Health Plus or delegate and the disputed decision is upheld or the grievance remains unresolved past 30 days. If your grievance requires expedited review, you may bring it immediately to the DMHC’s attention. The DMHC may waive the requirement that you follow the Sutter Health Plus grievance process in extraordinary and compelling cases.
- iv. You apply for an IMR within six (6) months after Sutter Health Plus sends you a written response to your grievance, unless the DMHC determines that circumstances prevented timely submission.

(b) Investigational/Experimental Treatment. Sutter Health Plus excludes from coverage services, medication or procedures, which are considered investigational and/or experimental treatment and which are not accepted as standard medical practice for the treatment of a condition or illness. You may request an IMR from DMHC if Sutter Health Plus or its delegate denies a treatment, service or supply on the basis that it is experimental or investigational. Your application for IMR will be reviewed by the DMHC to confirm the conditions of eligibility set forth below are satisfied:

- i. The member has a Life-threatening or Seriously Debilitating Condition. “Life-threatening” means either a disease or condition where the likelihood of death is high unless the course of the disease is interrupted, or a disease or condition with potentially fatal outcomes, where the end point of clinical intervention is survival. “Seriously

Debilitating” means a disease or condition that causes major irreversible morbidity.

- ii. The member’s physician has certified that standard therapies are or have not been effective in improving the member’s condition, or would not be medically appropriate for the member, or there is no more beneficial standard therapy covered by Sutter Health Plus than the therapy proposed for the member.
- iii. Either the member’s physician, contracted with Sutter Health Plus, who has recommended the denied course of treatment that he/she certified in writing is likely to be more beneficial to the Member than any available standard therapies, will include a statement of the evidence relied upon in his/her recommendation; or the member, or his/her physician who is a licensed, board-certified or board-eligible physician not contracted with Sutter Health Plus, but qualified to practice in the specialty appropriate to treat the Member’s condition, has requested a therapy that, based on two documents from the medical and scientific evidence is likely to be more beneficial for the Member than any available standard therapy.
- iv. The member has been denied coverage by Sutter Health Plus for a drug, device, procedure, or other therapy recommended or requested pursuant to paragraph (b)(iii) above.
- v. The specified denied therapy is one that would be a covered service, except for the Sutter Health Plus determination that the therapy is experimental or investigational for the given condition.

### Process

To request an IMR, you may call the DMHC’s toll-free telephone number (1-888-HMO-2219) or a TDD line (1-877-688-9891) for the hearing and speech impaired, or obtain IMR application forms and instructions online at the DMHC’s Internet Web site <http://www.hmohelp.ca.gov>.

The DMHC will review your application and send you a letter within seven (7) days telling you if you qualify for IMR. If your case is eligible for IMR, when all your information, including relevant medical records, is received by DMHC, the dispute will be submitted to a medical specialist at a review agency who will make an independent determination of whether or not the care is medically necessary. Sutter Health Plus will to gather all medical records and necessary documentation relevant to the member’s condition and will forward all information to the review agency within three (3) business days from the date of we receive notice from DMHC of the IMR request for standard requests or within one (1) calendar day for an expedited IMR.

You will receive a copy of the assessment made in your case. If the IMR determines the service is medically necessary, Sutter Health Plus will provide the health care service.

For non-urgent cases, the IMR organization designated by the DMHC must provide its determination within 30 calendar days of receipt of your application and supporting documentation. For urgent cases involving an Expedited Grievance, the IMR organization must provide its determination within three (3) calendar days.

### 3. Binding Arbitration

If you continue to be dissatisfied with the results of the grievance process and wish to pursue the matter further, you must submit your claim or controversy to binding arbitration within sixty (60) days of completion of the grievance process. The arbitration procedure is governed by the American Arbitration Association rules. Copies of these rules and other forms and information about arbitration are available by calling the American Arbitration Association at (415) 981-3901 or by contacting Member Services.

All interested parties, including Members, specifically agree to use Sutter Health Plus arbitration procedure in place of any rights they otherwise would have to submit any controversy or dispute to a court or jury. For a complete description of how to initiate arbitration, please refer to your subscriber agreement.

## Notice of Language Assistance

**IMPORTANT:** Can you read this? If not, Sutter Health Plus can have somebody help you read it. You may also be able to get this written in your language. For no-cost help, please call Sutter Health Plus Member Services at 1-855-315-5800 (TTY 1-855-830-3500). (English)

**IMPORTANTE:** ¿Puede leer esto? Si no puede, Sutter Health Plus puede proporcionarle alguien que le ayude a leerlo. También puede obtenerlo por escrito en su idioma. Llame a Sutter Health Plus Member Services al 1-855-315-5800 (TTY 1-855-830-3500), sin costo alguno. (Spanish)

**重要提示：**您能讀懂這份文件嗎？如果不能，Sutter Health Plus 可以找人幫助您讀它。您還可能得到用您的語言書寫的這份文件。若需要免費幫助，請致電 Sutter Health Plus 會員服務，電話號碼 1-855-315-5800 (TTY 1-855-830-3500)。 (Chinese)

ملحوظة مهمة: هل أنت قادر على قراءة هذا؟ إذا لم تكن قادرًا فاعلم أن صتر هيلث بلاس (Sutter Health Plus) قد يكون لديهم شخصًا يمكنه مساعدتك في قراءة هذا النص. كما يمكنك أيضًا أن تتلقاه مكتوبًا بلغتك. للحصول على مساعدة مجانية، برجاء الاتصال بخدمات أعضاء صتر هيلث بلاس (Sutter Health Plus Member Services) على هاتف 1-855-315-5800 (هاتف النص المرئي [TTY] 1-855-830-3500). (Arabic)

ԿԱՐԵՎՈՐ ՏԵՂԵԿԱՏՎՈՒԹՅՈՒՆ. Կարո՞ղ եք կարդալ սա: Եթե ոչ, Sutter Health Plus-ը կարող է տրամադրել մեկին, ով կօգնի Ձեզ կարդալ այն: Դուք կարող եք նաև ստանալ այն գրված Ձեր լեզվով: Անվճար օգնության համար խնդրում ենք զանգահարել Sutter Health Plus-ի Անդամների սպասարկման բաժին՝ 1-855-315-5800 (TTY 1-855-830-3500) հեռախոսահամարով: (Armenian)

**សារៈសំខាន់៖** តើអ្នកអាចអានសេចក្តីនេះឬទេ? បើសិនមិនអាចទេ Sutter Health Plus អាចមាននរណាម្នាក់ជួយអានវាជូនអ្នក ។ អ្នកក៏អាចនឹងឲ្យបានសេចក្តីនេះ សរសេរជាភាសារបស់អ្នកដែរ។ សំរាប់ជំនួយដោយឥតគិតថ្លៃ សូមទូរស័ព្ទទៅ ផ្នែកសេវាសមាជិក Sutter Health Plus តាមលេខ 1-855-315-5800 (TTY 1-855-830-3500)។ (Cambodian)

نکته مهم: آیا می توانید این مطالب را بخوانید و بفهمید؟ اگر نمی توانید، Sutter Health Plus می تواند از فردی کمک بگیرد تا آنرا برایتان بخواند. همچنین امکان ترجمه این مطالب به زبان فارسی وجود دارد. برای دریافت خدمات و کمک رایگان، لطفاً با دفتر خدمات اعضای Sutter Health Plus با شماره تلفن 1-855-315-5800 (TTY 1-855-830-3500) تماس بگیرید. (Farsi)

**महत्वपूर्ण:** क्या आप इसे पढ़ सकते/सकती हैं? यदि नहीं, तो सटर हेल्थ प्लस इसे पढ़ने में किसी से आपकी सहायता करवा सकता है। आप इसे अपनी भाषा में भी लिखवाने में समर्थ हो सकते/सकती हैं। निःशुल्क सहायता के लिए, कृपया 1-855-315-5800 (TTY 1-855-830-3500) पर सटर हेल्थ प्लस मेंबर सर्विसेस को कॉल करें। (Hindi)

LUS TSEEM CEEB: Koj nyeem puas tau tsab ntawv no? Yog koj nyeem tsis tau, Sutter Health Plus muaj neeg pab nyeem rau koj. Tsis tas li ntawd xwb, peb tuaj yeem muab sau ua hom lus koj nyeem tau rau koj tib si. Yog koj xav tau kev pab pub dawb, thov hu rau Sutter Health Plus Lub Chaw Pab Cuam Tswv Cuab ntawm tus xov tooj 1-855-315-5800 (TTY 1-855-830-3500). (Hmong)

重要なお知らせ：これを読むことができます？読めない場合は、Sutter Health Plus が読むのをお手伝いします。あなたの言語で表示できるかもしれません。無料のご相談は、Sutter Health Plus Member Services、電話：1-855-315-5800 (TTY 1-855-830-3500) まで。(Japanese)

중요: 귀하는 이것을 읽으실 수 있습니까? 만약 읽으실 수 없다면, Sutter Health Plus 에서 다른 사람에게 부탁하여 그것을 읽으실 수 있도록 도와드릴 수 있습니다. 또한 이것을 귀하의 사용 언어로 작성해 받으실 수도 있습니다. Sutter Health Plus 회원 서비스(1-855-315-5800 (TTY 1-855-830-3500))에 전화를 하시어 무상으로 도움을 받으십시오. (Korean)

ໝາຍເຫດ: ທ່ານອ່ານໄດ້ຈົດໝາຍສະບັບນີ້ບໍ່? ຖ້າອ່ານບໍ່ໄດ້, ທາງ Sutter Health Plus ມີ ພະນັກງານຊ່ວຍອ່ານໃຫ້ທ່ານ. ນອກຈາກນັ້ນ, ພວກເຮົາຍັງສາມາດຂຽນເປັນພາສາຂອງທ່ານໃຫ້ທ່ານອີກ ດ້ວຍ. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໂດຍບໍ່ເສຍຄ່າບໍລິການ, ກະລຸນາຕິດຕໍ່ ໜ່ວຍບໍລິການ ຂອງ Sutter Health Plus ທີ່ໝາຍເລກໂທລະສັບ 1-855-315-5800 (TTY 1-855-830-3500). (Laotian)

ਅਹਿਮ: ਕੀ ਤੁਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ ਤਾਂ, Sutter Health Plus (ਸੱਟਰ ਹੈਲਥ ਪਲਸ) ਕਿਸੇ ਤੋਂ ਇਹ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮੱਦਦ ਕਰਵਾ ਸਕਦਾ ਹੈ। ਤੁਸੀਂ ਇਸ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਵੀ ਲਿਖਵਾ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਮੱਦਦ ਲਈ ਕਿਰਪਾ ਕਰ ਕੇ Sutter Health Plus Member Services ਨੂੰ 1-855-315-5800 (TTY 1-855-830-3500) ਉੱਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

ВАЖНО: Вы можете это прочитать? Если нет, Sutter Health Plus может предоставить Вам кого-то, кто сможет помочь Вам прочитать это. Вы также можете получить это в письменной форме на своем языке. Для бесплатной помощи позвоните в Службу поддержки членов Sutter Health Plus по телефону 1-855-315-5800 (TTY 1-855-830-3500). (Russian)

MAHALAGA: Nababasa mo ba ito? Kung hindi, maaari kang bigyan ng Sutter Health Plus ng taong babasa para sa iyo. Maaari mo ding hilingin na isulat ito sa iyong wika. Para sa walang-gastos na tulong, mangyaring tumawag sa Sutter Health Plus Member Services sa. 1-855-315-5800 (TTY 1-855-830-3500). (Tagalog)

สำคัญ: คุณอ่านออกหรือไม่ ถ้าอ่านไม่ออก Sutter Health Plus สามารถให้คนมาช่วยคุณอ่านได้ นอกจากนี้ คุณยังสามารถขอรับเนื้อหานี้เป็นภาษาของคุณได้อีกด้วย หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย กรุณาโทรหา Sutter Health Plus Member Services ที่ 1-855-315-5800 (TTY 1-855-830-3500) (Thai)

QUAN TRỌNG: Qu. vị có thể đọc thông tin này không? Nếu không, Sutter Health Plus có thể yêu cầu ai đó đọc giúp cho qu. vị. Qu. vị cũng có thể nhận được thông tin này dưới dạng văn bản bằng ngôn ngữ của qu. vị. Để được hỗ trợ miễn phí, vui lòng gọi cho ban Dịch Vụ Thành Viên của Sutter Health Plus theo số 1-855-315-5800 (TTY 1-855-830-3500). (Vietnamese)