Vision Plan Of America

(213) 384-2600
(for hearing impaired dial 711)

3250 Wilshire Blvd.
Suite 1610
Los Angeles, CA
90010

Fax: (213) 384-0084

Website:
www.visionplanofamerica.com

E-mail:
info@visionplanofamerica.com

Vision Plan of America
Cancellation Request Form

We have received your request to cancel your coverage with Vision Plan of America. We would like to take this opportunity to gather more information. Please complete and return this form to cancel your policy/policies. To return this form, you may email it to info@visionplanofamerica.com or by fax to (213) 384-0084, you may also mail this form back to:

Vision Plan of America
3250 Wilshire Blvd, Suite 1610
Los Angeles, CA 90010

Name of Member/Enrollee: _____Date: _____

Policy Number(s): _____Phone #_____

Email: _____ Cancellation Date: _____

Reason for Cancellation (check all that apply):

- o No Longer Need the Coverage
- o Premiums (please explain below):
- o Co-Payments (please explain below):
- o Access to Providers (please explain below):
- o Service from the Plan (please explain below):
- o Service from the Provider (please explain below):
- o Death of Covered Enrollee (please include a copy of the death certificate)
- o Other (please explain):

_____
_____
_____
_____
_____
_____

_____ _____
Signature Date

Name of the person completing this form (if different than the Enrollee):
_____

Relationship to the Enrollee/Member:
_____

PLEASE SEE IMPORTAN INFORMATION ON REVERSE

To file a grievance please contact **Vision Plan of America** at: 1(800)400-4872 (hearing impaired dial 711), by mail at 3250 Wilshire Blvd. Ste 1610 Los Angeles, CA, Fax (213)384-0084, or by email at info@visionplanofamerica.com.

Free Language Assistance Program

If you require Language Assistance at any time including the course of an eye examination or during the discussion of the diagnosis following an eye examination, please contact the "Plan" at 1(800)400-4872. The availability of Language Assistance is FREE to members and providers.

Programa de Asistencia de Idiomas Gratis

Si requiere asistencia de idiomas en cualquier momento incluyendo durante el proceso de su examinación de los ojos o durante la discusión de la diagnosis después de su examinación de los ojos por favor llame al "Plan" 1(800)400-4872. La disponibilidad de asistencia de idiomas es GRATIS para miembros y proveedores.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **(800) 400-4872** 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 your health plan, 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 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 **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms, and instructions online.