

GRIEVANCES & APPEALS

Grievances & Appeals are to be filed directly to Anthem Blue Cross Medi-Cal.

The following provides contact information for both provider offices and the member.

Grievances & Appeals submitted by the provider's office: Grievances & Appeals Department Anthem Blue Cross P.O. Box 60007 Los Angeles, CA 90060-0007 Provider Fax Number: 1-888-387-2968	Grievances & Appeals submitted by the member: Appeals and Complaints Department Anthem Blue Cross P.O. Box 60007 Los Angeles, CA 90060-0007 Medi-Cal Customer Care Center: 1-800-407-4627
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