



Effective January 1, 2015, the Care Improvement Plus provider appeal address will change.

The new address for the submission of provider appeals and grievances is as follows:

To obtain a standard appeal and/or Grievance, send appeal and/or grievance request in writing to Care Improvement Plus:

By mail:
United Healthcare
Attn: Appeals and Grievance Department
PO Box 6106, MS CA 124-0157
Cypress, CA 90630

By Fax:
1-888-517-7113
By Phone:
1-800-204-1002 (TTY:711)
Hours: 8:00AM-8:00PM local time

To obtain an expedited appeal and/or grievance:

By mail:
United Healthcare
Attn: Appeals and Grievance Department
PO Box 6106, MS CAI24-0157
Cypress, CA 90630

By Fax:
1-888-373-1081
By Phone:
1-877-262-9203 (TTY:711)
Hours: 8:00AM-8:00PM local time

Thank you for your attention to this change in process. We look forward to working with each of you in the quality and timely care for the members of Care Improvement Plus.

Sincerely,

Care Improvement Plus