



EXCEL MSO, LLC

MEMBER CONCERNS FORM

NAME _____ DATE _____
PROVIDER _____ HEALTH PLAN _____
ID# _____ PHONE _____

CONCERN/COMPLAINT/GRIEVANCE:

Mail to your Health Plan

The Health Plan address may be on the back of your card OR call their Member Services number (see back of card) to obtain address information.

Or call:

Excel's Member Services Department at (408) 937-3642

Or mail to:

Excel MSO Member Services
75 E. Santa Clara Street, Suite 950
San Jose CA, 95113

Or fax to:

(408) 937-3638

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intended recipient at once. Thank you for your cooperation.*