



If you disagree with Avante Behavioral Health Plan's (ABHP's) determination regarding this service or the processing of a claim, you, your provider, or an attorney or representative on your behalf may file a grievance.

To submit a grievance, visit our online form at <https://www.avantehealth.com/pages/grievance> or submit in writing to:

Avante Health Attn: Grievance Department  
1111 East Herndon Avenue, Suite 308  
Fresno CA, 93720

Include as much detail as possible to describe the complaint. If applicable, please include:

- Name and contact information of any staff, provider or patient involved in this report.
- Date time and place of incident.
- Identifiers if known (i.e. Member #, Claim #, Certification #, Check #, etc...)
- Your name, phone number and address and if other than the patient your relation to the patient.

The grievance process is as follows:

1. Upon receipt of a grievance the plan will supply a written acknowledgement of receipt within 15 days.
2. The grievance remains amendable up to 45 days from receipt.
3. The plan then has 30 days to conduct a thorough review.
4. Upon completion of the review process the plan has 45 days to execute their decision.
5. The maximum time allowed for the process is 90 days.