



Promise Health Plan

# Blue Shield of California Promise Health Plan Community Advisory Committee and Quality Improvement and Health Equity Committee Interest Form

Please complete this interest form if you would like to join or learn more about the Community Advisory Committee and Quality Improvement and Health Equity Committee.

Date:	
Name:	
Phone Number:	
Email:	
Which committee are you interested in?	<input type="checkbox"/> Community Advisory Committee <input type="checkbox"/> Quality Improvement and Health Equity Committee <input type="checkbox"/> Both
Are you:	<input type="checkbox"/> Blue Shield Promise Member <input type="checkbox"/> Parent/Caregiver of a Blue Shield Promise Member <input type="checkbox"/> Blue Shield Promise Contracted Provider <input type="checkbox"/> Representative of a Community Organization <input type="checkbox"/> Other: (please specify)
How did you hear about the committees?	<input type="checkbox"/> Blue Shield Promise Staff <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Medical Provider <input type="checkbox"/> Friend <input type="checkbox"/> Member Handbook <input type="checkbox"/> LA Care and Blue Shield Promise Community Resource Center <input type="checkbox"/> Website <input type="checkbox"/> Other: (please specify)
What interests you about the committees? (check all that apply)	<input type="checkbox"/> I want to give my ideas and/or share my experiences to help Blue Shield Promise develop and improve its programs and services. <input type="checkbox"/> I want to learn more about Blue Shield Promise so I can share it with my friends and family. <input type="checkbox"/> I want to give advice to the Blue Shield Promise Board of Directors. <input type="checkbox"/> Other: (please specify)
Please tell us about yourself and any other reasons why you would like to join the committee.	

You can get this document for free in other formats, such as large print, braille, or audio. For San Diego County members, please call (800) 699-5557 (TTY: 711) and for Los Angeles County members, please call (800) 605-2556 (TTY: 711) 8 a.m. to 6 p.m., Monday to Friday. The call is free.

Blue Shield of California Promise Health Plan is contracted with L.A. Care Health Plan to provide Medi-Cal managed care services in Los Angeles County.