

DeltaCare[®] USA

ENROLLEE ASSISTANCE FORM (California)

PRIMARY ENROLLEE'S NAME: _____ PATIENT'S NAME: _____
ENROLLEE'S ADDRESS: _____ PATIENT'S BIRTHDATE: _____
_____ DAY TIME TELEPHONE #: _____
ENROLLEE'S ID #: _____ NAME OF FACILITY INVOLVED: _____
PRIMARY ENROLLEE'S BIRTHDATE: _____ FACILITY'S TELEPHONE #: _____

Please describe the nature of your complaint (include dates and names of persons involved). Attach additional pages, if necessary:

Have you discussed your complaint with the facility, the facility's staff or anyone at Delta Dental? facility staff Delta Dental _____
If yes, what was the outcome of your discussion?: _____

Please state your desired outcome: _____

Mail to: Delta Dental of California
Quality Management Department
P.O. Box 6050
Artesia, CA 90702

Or, you may fax to:
562-924-6914
Or, you may file your complaint online
at our website at:
https://secure1.ddpdelta.org/ddpca_secure/pmi_grievance_Dental.asp

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at (1-800-422-4234) and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (1-888-466-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's internet website www.dmhc.ca.gov has complaint forms, IMR application forms and instructions online.

In California, DeltaCare USA is underwritten by Delta Dental of California and administered by Delta Dental Insurance Company. These companies are financially responsible for their own products.

FOR DELTA DENTAL OF CALIFORNIA USE ONLY

No.: _____ Date Sent: _____ By: _____ QM: Include Do not include

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