



Delta Dental of California Enrollee Grievance Form - English

Please complete this form and return it to us in the enclosed envelope. This information will allow us to research and respond to your grievance. If you have any questions, please contact our Customer Service department at **888-335-8227**.

Date: _____ Member Name: _____

Social Security or ID Number: _____ Group Number: _____

Daytime Phone Number with Area Code: _____

Patient Name (If different from member): _____

Mailing Address: _____

Please describe your grievance: (Utilize the back of this form for additional space)

You may file a grievance with the California Department of Managed Health Care after you have completed Delta’s grievance process or after you have been involved in Delta’s grievance process for 30 days. You may file a grievance with the Department immediately in an emergency that is one involving severe pain and imminent and serious threat to your health. The number to contact the California Department of Managed Health Care is **1-888-466-2219**.

In order to help expedite this process and route your grievance to the appropriate department, please check the area next to the topic that best describes your grievance.

• **Billing Discrepancy**

If you have been charged more than the amount determined by Delta as “patient payment”, or are being charged for services not submitted to Delta for processing, please provide any or all of the following documents that would apply:

- A statement from the dental office (services rendered and current balance due).
- Proof of payment in the form of one of the following:
 - A receipt from the dental office
 - Credit card/bank statement
 - Copy of cancelled check

• **Denial of Dental Services by Delta Dental**

If you have received a denial of payment from Delta and wish to have your claim reconsidered, please provide a copy of your notice of payment or action and a request for re-consideration in writing.

Delta Dental of California Process for Resolving Grievances

If you have a grievance regarding the denial of dental services or claims, the policies, procedures and operation of Delta, you may contact Delta at the address shown below or by calling toll free **888-335-8227**. Any questions of ineligibility should be handled directly between you and your group. If you write Delta, you must include the name of the eligible employee and their social security number (or identification number), the group name and number, the name of the patient, and your telephone number. You should also include a copy of the treatment form, Notice of Payment and any other information. Clearly explain your grievance.

You will receive written confirmation of your grievance within 5 days. You will receive a written response to your request for review within 30 days. If you have completed Delta's grievance process and are not satisfied with Delta's decision, or if you have been involved in Delta's grievance process for 30 days, you may file a grievance with the California Department of Managed Health Care. You may immediately file a grievance with the Department if an emergency is one involving severe pain and imminent and serious threat to your health.

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 888-335-8227 and use your 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.

**Delta Dental of California
Grievance & Appeal
11155 International Drive
Rancho Cordova, CA 95670
Toll-free: 888-335-8227**