# Delta Dental
# GRIEVANCE FORM

Please complete this form and return it to the below address. This information will allow us to research and respond to your grievance. If you have any questions, please contact our Customer Service department at **(800) 932-0783.**

Date: _____Member Name: _____

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)

_____

_____

_____

_____

_____

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 the appeal reconsidered, please provide:
  - **copy of your notice of payment or action**
  - **provider treatment record / notes / letter of explanation**
  - **any x-rays or documentation that may support the need of these services**

## Delta Dental
## 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 (800-932-0783). You have 180 days to appeal after you receive a notice of denial. (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 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.

Your written confirmation of your grievance will be mailed within 5 days of receipt by Delta Dental. You will receive a written decision on your request for review of a non-emergency course or treatment within 30 working days from the receipt of your request. You will receive a written decision on your request for review of a retroactive coverage decision within 45 working days from the receipt of your request. We will inform you of the pending status of your grievance if more time is needed to resolve the matter.

You may file a grievance with Maryland Insurance Administration without first filing a grievance with Delta and receiving a final decision on the grievance if:

• Delta waives the requirement that the internal grievance process be exhausted before filing a complaint with the Commissioner;

• Delta has failed to comply with any of the requirements of the internal grievance process as described in this section; or

• the member, the member's representative, or the health care provider provides sufficient information and supporting documentation in the complaint that demonstrates a compelling reason to do so.

The Maryland Insurance Administration (MIA) is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your plan at (800-932-0783) and use the plan's grievance process before contacting the MIA. The plan's grievance process and the MIA's grievance review process are in addition to any other dispute resolution procedures that may be available to you, and your failure to use these processes does not preclude your use of any other remedy provided by law.

Mail completed form to:

**DELTA DENTAL**
**Grievance & Appeal**
**11155 International Drive**
**Rancho Cordova, CA 95670**