



**Mail to:**  
 Dental Health Services  
 Professional Services Department  
 3780 Kilroy Airport Way  
 Suite 750 Long Beach, CA  
 90806

**Fax to:**  
 Dental Health Services  
 Professional Services Department  
 Fax: 562.426.4507  
 Tel: 800.637.6453

**E-Mail to:**  
 Dental Health Services  
 Professional Services Department  
  
[membersatisfactionteam@dentalhealthservices.com](mailto:membersatisfactionteam@dentalhealthservices.com)

## CONFIDENTIAL GRIEVANCE FORM

Patient's Name		Date	
Subscriber's Name	Group Name	Subscriber ID Number	
Address	City	Zip	Phone Number
Provider Name		Provider Location	

**Grievance Details:** Please describe exactly what happened. Please include the date, parties involved, and any relevant details...Please use additional paper if necessary.

Please describe how you think your grievance should be resolved:

**Signed (Patient or Subscriber):** \_\_\_\_\_

**English**

IMPORTANT: If English is your secondary language, you may obtain this information written in your language. For free help, please call 866.756.4259. Dental Health Services has a toll-free TTY line 711 for the hearing and speech impaired.

**Spanish**

IMPORTANTE: Si Ingles es su Segundo idioma, usted podria obtener esta informacion en su propio idioma. Para ayuda gratuita, llame al 866.756.4259. Dental Health Services tiene una linea gratuita TTY 711 para personas con necesidades de audicion y habla.

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 **(1-800-637-6453)** 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 Web site [www.dmhc.ca.gov](http://www.dmhc.ca.gov) has complaint forms, IMR application forms and instructions online.