



Mail to: **Dental Health Services**
 Professional Services Department
 3833 Atlantic Avenue
 Long Beach, CA 90807-3505

or FAX to: **Professional Services Department**
 Fax: 562.426.4507
 Tel: 800.637.6453

**Dental Health Services
 Confidential Grievance Form**

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

Have you tried to resolve this with the office? _____

Incident Details: Please state the date, provider's name, location, parties involved and exactly what happened. Please use additional paper if necessary.

Please state how you think this 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 888.645.1257 for the hearing and speech impaired.

Spanish

IMPORTANTE: ¿Puede leer esta carta? Si no, alguien le puede ayudar a leerla. Además, es posible que reciba esta carta escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al **866.756.4259**. Dental Health Services' también tiene una línea TTY 888.645.1257 para personas con dificultades de audición o de hablar.

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 an 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 investigative in nature and payment disputes for emergency or urgent medical 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.dmhca.gov has complaint forms, IMR application forms and instructions online.