

**PLEASE CONSULT THE DENTAL OFFICE FOR ASSISTANCE IN COMPLETING THIS FORM. Please return this form to the address listed above. You will receive a written response.**

\_\_\_\_\_  
**Date of Incident**

\_\_\_\_\_  
**Office Address and Dentist(s) Name**

\_\_\_\_\_  
**Member's Name (please print)**

\_\_\_\_\_  
**Patient's Name (please print)** **Date of Birth**

\_\_\_\_\_  
**Home Address, City, State, & Zip Code**

\_\_\_\_\_  
**Name of Insurance** **Dental Plan #**

\_\_\_\_\_  
**Daytime Phone #** **Evening Phone #**

\_\_\_\_\_  
**Group #** **Member #** **Chart #**

**DESCRIPTION OF INCIDENT (if applicable, tooth location, i.e., upper left, upper right, lower left, lower right):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOW WOULD YOU LIKE THIS MATTER RESOLVED?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Have you discussed your concerns with the dental office and/or the dentist?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
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\_\_\_\_\_  
**Signature** **Mr./Mrs./Ms. (circle one)**

\_\_\_\_\_  
**Date**

"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 **1-800-992-3366** 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](http://www.dmhc.ca.gov) has complaint forms, IMR application forms, and instructions online."