

MEMBER INCIDENT FORM

P.O. Box 14227 Orange, CA 92863 1-800-992-3366 / 1-714-571-3675

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) Home Address, City, State, & Zip Code		Patient's Name (please print)		Date of Birth	
		1			
		Name of Insurance		Dental Plan #	
			1	1	
Daytime Phone #	Evening Phone #	Group #	Member #	C	hart #
HOW WOULD YOU LII	KE THIS MATTER RESOLVED?				
Have you discussed your	d/or the dentist?		□ Yes	□ No	
Signature	Mr./Mrs./M	(circle one) Date		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 has complaint forms, IMR application forms and instructions online."