

California Dental Network, Inc.

23291 Mill Creek Drive, Suite 100, Laguna Hills, CA 92653

Grievance Form

Please complete this form and return to the mailing address shown above at your earliest convenience. Receipt from you will be acknowledged within five working days. All grievances will be resolved within 30 days whenever possible. If your grievance is urgent or an emergency please call the Plan toll-free at (877) 433-6825, for an immediate review. **Members who file a grievance against the Plan will not be discriminated or retaliated against in any way.**

MEMBER INFORMATION

Member Name: _____

Member Identification #: _____

Subscriber Name (if different from above): _____

Subscriber Identification # (if different from above): _____

Day Phone: () _____ Evening Phone: () _____

GRIEVANCE INFORMATION

Please use the back side of this form to describe your grievance in detail.

This grievance is being filed against (please check the appropriate box(es)):

Plan

Facility Personnel

Facility

Treating Provider

Date(s) Grievance Occurred: _____

FACILITY INFORMATION

Facility Name: _____ Facility Identification #: _____

Facility Address: _____

Treating Provider Name(s): _____

List the name(s) of facility personnel you spoke with about this matter: _____

Definitions for Grievance Procedures

- "**Grievance**" means a written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration or appeal made by an enrollee or the enrollee's representative.
- "**Complaint**" is the same as "grievance."
- "**Complainant**" is the same as "grievant," and means the person who filed the grievance including the enrollee, a representative designated by the enrollee, or other individual with authority to act on behalf of the enrollee.
- "**Resolved**" means that the grievance has reached a final conclusion with respect to the enrollee's submitted grievance, and there are no pending enrollee appeals within the plan's grievance system, including entities with delegated authority.
- "**Pending**" grievances that are not resolved within 30 calendar days, or grievances referred to the Department's complaint or independent medical review system.

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 **1-714-479-0777** or toll-free **1-877-4-DENTAL** and use your Health Plan's

