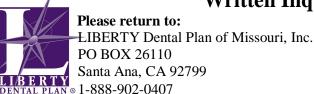
Written Inquiry/Complaint Form



Date received:

Date:	Member Name:
Social Security #:	Subscriber ID:
Member Home Address:	
Member Phone Number: Home: _	Work:
Patient Phone Number: Home:	Work:
Employer Name:	
Dental Facility Name: Date: of last visit:	Dentist Name: Location:
Inquiry/Grievance:	

If you have a grievance against your Health Plan, you should first telephone your Health Plan at **I-888-902-0407** and use your Health Plan's grievance process before contacting the Missouri Department of Insurance. 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 remained unresolved for more than 30 days, you may call the Department of Insurance for assistance. You may also be eligible for external review for 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. Also, you may directly contact the Missouri Department of Insurance, Financial Institutions and Professional Registration ("MDI"). MDI has established a process to receive inquiries and complaints from consumers of healthcare in Missouri concerning healthcare plans. For More Information Contact MDI's Consumer Hotline:1-800-726-7390 Inquiries and complaints may be faxed to Fax Number: 573-526-4898, filed online at: http://insurance.mo.gov/consumers/complaints/index.php or mailed to:

Missouri DIFP Attn: Consumer Affairs P.O. Box 690 Jefferson City, MO 65102-0690

Inquiry/Grievance Continued	Page 2

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