



Written Inquiry/Complaint Form

Please return to:
LIBERTY Dental Plan of Missouri, Inc.
PO BOX 26110
Santa Ana, CA 92799
LIBERTY DENTAL PLAN® 1-888-902-0407

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: _____ Dentist Name: _____

Date: of last visit: _____ Location: _____

Inquiry/Grievance:

If you have a grievance against your Health Plan, you should first telephone your Health Plan at **1-888-902-0407** 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

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