## Written Inquiry/Complaint Form



LIBERTY Dental Plan of Nevada P.O. Box 26110 Santa Ana, CA 92799-6110 (888) 401-1128

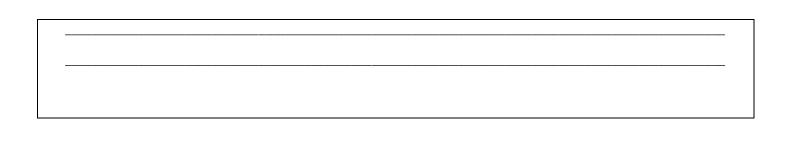
Date received:

Date:	Member Name:	-
Social Security #:	Subscriber ID:	_
Member Home Address:		
Member Phone Number: Home:	Work:	-
Patient Phone Number: Home:	Work:	-
Employer Name: N/A		-
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 1-888-401-1128 and use your Health Plan's grievance process before contacting the Commissioner, Division 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 Division of Insurance for assistance. You may also be eligible for 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 Division of Insurance has a telephone number for the Carson City office (1-775-687-4270) as well as the Las Vegas office (1-702-486-4009), and a TDD line (1-877-688-9891) for the hearing and speech impaired. You may also visit the Division of Insurance's Internet web site http://www.doi.state.nv.us for complaint forms, IMR application forms and instructions online.

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