



Written Inquiry/Complaint Form

Please return to:
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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