

Written Inquiry/Complaint Form

Please return to:
LIBERTY Dental Plan
PO BOX 26110
Santa Ana, CA 92799
888-703-6999

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: _____

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 **1-888-703-6999** and use your Health Plan's grievance process before contacting the Department. 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 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 Department also has a toll-free telephone number (**1-888-HMO-2219**) and a **TDD line (1-877-688-9891)** for the hearing and speech impaired. The Department's Internet web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

[illegible]