Dear Dentegra Enrollee,

This packet provides you with instructions for filing a claim appeal or a grievance with Dentegra Insurance Company. Enclosed you will find a Grievance Form and a summary of Dentegra's process for resolving claim appeals and/or grievances. Please review this information and contact us at 877-280-4204 if you have any questions.

The Grievance Form information you provide allows us to research and respond to your grievance. As part of our research, we may forward a copy of your grievance to the dentist(s) who provided treatment. We may also require access to your dental and/or billing records during our investigation.

The process for resolving claim appeals and grievances provides you with a summary of Dentegra's appeal procedures.

Please return the completed Grievance Form and any other relevant information that may assist us in resolving your complaint. Examples of relevant information include a copy of any associated Dental Benefit Statements, a copy of the treatment form or a copy of your dentist's bill.

Sincerely,

Customer Service

Dentegra Insurance Company
GRIEVANCE FORM

Please complete this form and return it to the address below. This information will allow us to research and respond to your grievance. If you have any questions, please contact our Customer Service department at **877-280-4204.**

Date: _____Enrollee Name: _____

Social Security or Enrollee ID Number: _____

Daytime Phone Number with Area Code: ( )_____

Patient Name (If different from enrollee): _____

Mailing Address: _____

Please describe your grievance: (Utilize the back of this form for additional space.)

_____

_____

_____

_____

In order to help expedite this process and route your grievance to the appropriate department, please check the area next to the topic that best describes your grievance.

- **BILLING DISCREPANCY**
  If you have been charged more than the amount determined by Dentegra as "patient payment" or are being charged for services not submitted to Dentegra for processing, please provide any or all of the following documents that would apply:
  - **A statement from the dental office (services rendered and current balance due).**
  - Proof of payment in the form of one of the following:
    A receipt from the dental office
    Credit card/bank statement
    Copy of cancelled check

- **DENIAL OF DENTAL SERVICES BY Dentegra**
  If you have received a denial of payment from Dentegra and wish to have the appeal reconsidered, please provide a **copy of your notice of payment or action** and a request for reconsideration in writing.

Dentegra Insurance Company
Process for Resolving Grievances

If your claim has been denied or an adjustment or disallowance has been made, you or your dental provider may make written request for review of your case to Dentegra within 180 days after the receipt of this notice, by mailing such request to Dentegra at the address indicated below.

Dentegra Insurance Company
P.O. Box 1850
Alpharetta, GA 30023-1850

Toll-free number: 877-280-4204

Dentegra will send a written acknowledgment within 5 days upon receipt of the grievance. We will make a full and fair review and send a decision within 30 days. Dentegra may ask for more documents if needed. The review will take into account all comments, documents, records or other information, regardless of whether such information was submitted or considered initially. If the review is of a denial based in whole or in part on lack of dental necessity, experimental treatment or clinical judgment, Dentegra shall consult with a dentist who has appropriate training and experience. The review will be conducted for us by a person who is neither the individual who made the claim denial that is subject to the review, nor the subordinate of such individual.

If you are not satisfied with the determination on your grievance and believe that you need further review of your claim, you may contact your state insurance regulatory agency.

IMPORTANT: Can you read this document? If not, we can have somebody help you read it. For free help, please call Dentegra at *1-877-280-4204*. You may also be able to receive this document in Spanish or Chinese.

IMPORTANTE: ¿Puede leer este documento? Si no, podemos hacer que alguien lo ayude. Para obtener ayuda gratis, llame a Dentegra al *1-877-280-4204*. También puede recibir este documento en español o chino.

重要通知：您能讀這份文件嗎？如有問題，我們可請他人協助您。 如需免費協助，請電Dentegra 1-877-280-4204 您也能取得這份文件的西班牙文或中文譯本。

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