



FORM FOR FILING  
FORMAL APPEAL and COMPLAINT WITH  
AETNA DENTAL OF CALIFORNIA INC.

This form is for you or your representative's use in making suggestions or filing formal complaints or appeals regarding your dental care and services of the **Aetna Dental of California Inc.** The Plan is required by law to respond to your complaints or appeals, and a detailed procedure exists for resolving these situations within 30 calendar days. If you have any questions, please feel free to call our Member Services Department at **1-800-843-3661**.

Please print or type the following information:

Member Name (Last, first, middle initial)

Address

Home Phone number (include area code)

City, State, Zip

Work Phone number (include area code)

Name of Employer or Group

Enrollment or Member ID #

Date of Birth

*If someone other than the member is filing this grievance, please provide the following information:*

Name of Person Assisting: \_\_\_\_\_ Daytime Telephone # \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ Evening Telephone# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Write what your grievance is about. Give dates, times, people's names, places, etc. that are involved.

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Please attach copies of anything that may help us understand your grievance.

If you attach other pages, please check this box.

Please sign and **MAIL TO:** Aetna Dental of California Inc. Customer Resolution Team P.O. Box 14032, Lexington, KY 40512-4032 or **FAX TO:** 1-860-262-7705.

**Date** \_\_\_\_\_ **Member Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature of Representative** \_\_\_\_\_

**NOTICE TO THE MEMBER OR YOUR REPRESENTATIVE:**

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 **(1-800-843-3661)** 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 has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an 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 **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet website **[www.dmhc.ca.gov](http://www.dmhc.ca.gov)** has complaint forms, IMR application forms and instructions online.

**Federal Employees:** If you are a Federal Employee, you have additional rights through the Office of Personnel Management (OPM) instead of the DMHC. Please reference your Federal Employees Health Benefits (FEHB) Program Brochure, which states that you may ask OPM to review the denial after you ask your health plan to reconsider the initial denial or refusal. OPM will determine if your health plan correctly applied the terms of its contract when it denied your claim or request for service. Send your request for review to: Office of Personnel Management, Office of Insurance Programs Contracts Division IV, P.O. Box 436, Washington, D.C. 20044

**Employees of Self-Insured Companies:** You may have the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA) if you are enrolled with your health plan through an employer who is subject to ERISA. First, be sure that all required reviews of your claim appeal have been completed and your claim has not been approved. Then consult with your employer's benefit plan administrator to determine if your employer's benefit plan is governed by ERISA. Additionally, you and your health plan may have other voluntary alternative dispute resolution options, such as mediation.