

MEMBER GRIEVANCE FORM

MEMBER INFORMATION (PLEASE PRINT)

| | | | |
|------------------------------|---|---------------------|-----------------|
| <i>Member last name</i> | <i>Member first name</i> | <i>Today's date</i> | |
| <i>Member street address</i> | <i>City</i> | <i>State</i> | <i>ZIP code</i> |
| <i>Member phone number</i> | <i>Member identification number (see identification card)</i> | | |
| <i>Employer or Group</i> | <i>Patient name</i> | <i>Relationship</i> | |

AUTHORIZED REPRESENTATIVE INFORMATION, IF APPLICABLE (PLEASE PRINT)

| | | |
|---|----------------------------------|------------------------------------|
| I am authorizing LIBERTY Dental Plan to allow the following person to act on my behalf during the grievance process: | | |
| <i>Representative last name</i> | <i>Representative first name</i> | <i>Representative phone number</i> |
| <i>Representative Signature</i> | <i>Member Signature</i> | |

DENTAL OFFICE/PROVIDER INFORMATION (PLEASE PRINT)

| | | | |
|--|---|---------------------------|-----------------|
| I am authorizing LIBERTY Dental Plan to request my information, including chart records and x-rays, if applicable, from the following office: | | | |
| <i>Office number</i> | <i>Dental office name</i> | <i>Date of last visit</i> | |
| <i>Dental office street address</i> | <i>City</i> | <i>State</i> | <i>ZIP Code</i> |
| <i>Dental office phone number</i> | <i>Name(s) of dental office staff involved (if known)</i> | | |

*Please continue to the next page

SUMMARY OF GRIEVANCE

Please share any information you have about your grievance. Please give us as many details as you can, if possible please provide the dates, names and any treatment. If needed you can attach an additional page.

Please share with us how you would like to see your grievance resolved.

PLEASE SEND COMPLETED SIGNED FORM TO:

Mail To:
LIBERTY Dental Plan Corporation
Grievances and Appeals
Department
P.O. Box 26110
Santa Ana, CA 92602-26110

- Fax to LIBERTY’s Grievances and Appeals Department fax at: **833-250-1814**
- Telephone LIBERTY Dental Plan’s Member Services Department at: **(866) 609-0426**, or TTY **(877) 855-8039**
- Electronically using the website online grievance filing process by visiting www.libertydentalplan.com.

Member Signature _____ **Date** _____