



**GRIEVANCE FORM**

GEOGRAPHIC MANAGED CARE    COMMERCIAL MANAGED CARE    HEALTHY FAMILIES PROGRAM    LOS ANGELES PREPAID HEALTH PROGRAM  
 GMC                                       DMO                                       HFP                                       LAPHP

Access Dental Plan, Inc. ("The "Plan") takes very seriously problems raised by its enrollees and endeavors to reach solutions acceptable to all concerned. To facilitate these efforts, please provide us with the following information. If you need assistance in completing this form, please contact any Plan Member Services Representative at 1-800-707-6453 or any Plan provider representative.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**NATURE OF COMPLAINT (BE AS SPECIFIC AS POSSIBLE & USE THE BACK OF THIS FORM IF MORE SPACE IS NEEDED):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF INCIDENT GIVING RISE TO THIS COMPLAINT: \_\_\_\_\_

NAMES OF PLAN PERSONNEL INVOLVED IN INCIDENT: \_\_\_\_\_

\_\_\_\_\_

**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 (1-800-707-6453) 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-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.**

PLEASE MAIL THIS FORM TO:  
Grievance Department  
Access Dental Plan  
P. O. Box: 659005  
Sacramento, CA 95865-9005

Please do not write below this line - for Plan use only.

Name of Person Taking Complaint: \_\_\_\_\_ Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Date/Time Logged: \_\_\_\_\_