

GRIEVANCE PROCESS NOTICE

Dentegra is committed to quality throughout the dental benefit process. If you have any questions about any services received, we recommend that you first talk with your dentist. If you continue to have concerns, please feel free to contact us or print and complete a grievance form.

Step 1: Talk to your provider

We urge you to communicate directly with your dental provider if you are dissatisfied with the service he or she provided. We are confident that the provider will welcome the opportunity to address your questions and concerns.

Step 2: Call Dentegra

If you are still dissatisfied after speaking with your dental provider, or have questions about your plan and claims payment, please call Customer Service for assistance. A Customer Service representative will assist you Monday through Friday between 7:00 a.m. and 8:00 p.m., Eastern time. If the Customer Service team is unable to resolve your concerns to your satisfaction, you may file a formal grievance.

Step 3: Complete a Grievance Form

You may file a grievance in several ways:

- **In writing:** You may download, print and complete the grievance form via the following link: [Dentegra Grievance Form](#) then mail the form to the address provided on the form. Contact customer service at 877-280-4204 to request a copy of the grievance form be mailed; or email customer service at customerservice@dentegra.com to request a copy of the form. Request a copy of the grievance form from your provider.

Mail or email your written grievance to Dentegra:

Dentegra Insurance Company
PO Box 1850
Alpharetta, GA 30023-1850
customerservice@dentegra.com

- **Verbally:** You may call customer service at 877-280-4204 and ask the Customer Service representative to take your grievance over the phone.

Include the following information with your grievance:

- Your name and enrollee identification number.
- Your dentist's name.
- A detailed written description of your concern so that we may fully understand and respond to it. Include documentation, such as receipts or treatment records that will help or support your concern.

Dentegra will send you a written determination within 30 days of receipt of your grievance. Submissions involving severe pain and/or imminent and serious threat to your health will be reviewed immediately and responded to within three days of receipt.

Some states may allow you to file your grievance directly with the State Department of Insurance. Check with your state to determine if this is an option available to you.

Language Assistance

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at the Member/Customer Service telephone number on the back of your Dentegra ID card, or 877-280-4204.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda gratuita, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Dentegra o al 877-280-4204. (Spanish)

重要通知： 您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。如需幫助，請立即撥打登列在您的 Dentegra ID 卡背面上的會員/客戶服務部的電話，或者撥打電話 877-280-4204。(Chinese)