



**1-800-49-SMILE**

**PATIENT GRIEVANCE FORM**

Date: \_\_\_\_\_ Office \_\_\_\_\_  
Dentist and Provider Location

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

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

City, State \_\_\_\_\_

Phone: \_\_\_\_\_

**PLEASE ENTER BELOW ANY COMMENTS OR OBSERVATIONS, POSITIVE OR NEGATIVE THAT YOU WISH TO BRING TO THE ATTENTION OF NEWPORT DENTAL PLAN.**

(Please add additional sheets if necessary)

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

**PLEASE MAIL OR FAX THE COMPLETED FORM TO NEWPORT DENTAL PLAN MEMBER SERVICES DEPARTMENT.**

Newport Dental's Grievance Process is a comprehensive resolution program to help solve any problems or complaints that you may have about your dental work or the Newport Dental Plan. This program not only provides assistance with resolving your complaints, but has an appeal process whereby the Quality Assurance Committee will review your grievances.

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 **1-800-49SMILE** 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.

**IMPORTANT:** You can get an interpreter at no cost to talk to your dentist or dental plan. To get an interpreter, or to ask about written information in your language, first call your dental plan's phone number at 1-800-49SMILE (1-800-497-6453). Someone who speaks your language can help you. If you need more help, call the HMO Help Center at **1-888-466-2219**.

**IMPORTANTE:** Puede obtener la ayuda de un interprete sin costo alguno para hablar con su dentista o con su plan de dental. Para obtener la ayuda de un interprete, o preguntar sobre información escrita en español, primero llame al número de teléfono de su plan de dental al 1-800-49SMILE (1-800-497-6453). Alguien que habla español puede ayudarle. Si necesita ayuda adicional, llame al Centro de ayuda de HMO al **1-888-466-2219**.