



# Cigna Dental Health of California, Inc. California Customer Grievance Form

**IMPORTANT:** There are two sides to this form. Complete all sections. Please print clearly.

I am submitting a grievance to Cigna Dental Health of California, Inc. ("Cigna Dental").

**IN AN EMERGENCY, CALL 911 OR GO DIRECTLY TO THE NEAREST EMERGENCY ROOM.**

Please check here if this case involves an imminent and serious threat to you or the health of the patient, including but not limited to, severe pain, the potential loss of life, limb, or major bodily function. If it does, please phone Cigna Dental customer service at **1.800.Cigna24** (1.800.244.6224) or the toll-free number on your Cigna Dental ID card. Those who are hearing impaired or TTY users may dial 711 to reach the California Relay Service and provide the operator with the Cigna Dental phone number.

**IMPORTANT:** To serve you quickly, it is important that you provide as much information as possible. If you have any questions about the meaning of anything on this form, please call Cigna customer service at **1.800.Cigna24** (1.800.244.6224) or the toll-free telephone number on your Cigna Dental ID card.

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 **1.800.244.6224 (Dial 711 (TTY) for the hearing and speech impaired) or the toll-free telephone number on your Cigna HealthCare Identification card** 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** has complaint forms, IMR application forms and instructions online.

## CUSTOMER INFORMATION (Customer to complete this information)

Name (Last)		(First)	(Middle Initial)	Customer ID Number
Mailing Address (Street)		(City)	(State)	(Zip Code)
Daytime Telephone Number	Evening Telephone Number	Email Address		
Name of person filing the grievance (if other than customer) (Last)		(First)	(Middle Initial)	

## PATIENT INFORMATION (Complete only if patient is other than the customer)

Name (Last)		(First)	(Middle Initial)	Relationship to Customer	Customer ID Number
Mailing Address (Street)		(City)	(State)	(Zip Code)	
Daytime Telephone Number	Evening Telephone Number	Email Address			

**DENTAL SERVICES INFORMATION**

Dentist Name (Last)	(First)	(Middle Initial)	Date of Service
Mailing Address (Street)	(City)	(State)	(Zip Code)

Dental Office Number	Dental Office Telephone Number
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Nature of Problem

Dentist's Service     
 Changes     
 Attitude of Dentist     
 Other \_\_\_\_\_

Benefits     
 Appointment     
 Attitude of Dental Staff

Description of Problem

May we send a copy of this form to the dentist you named above?     Yes     No

**CERTIFICATION**

I certify that this information is true and correct.

Customer/Patient Signature	Date
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**When completed, mail or fax this form.**

**Mail:** Cigna Dental Health of California, Inc.  
Central Appeals Unit  
PO Box 188047  
Chattanooga, TN 37422-8047

**Fax:** 1.866.870.3842 (toll-free)

**AREA FOR CIGNA USE ONLY**

Initial Determination     
 Complaint     
 Complaint Appeal



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