

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.

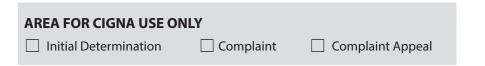
IMPORTANT: To serve you quickly, it is important that you provide as much information as possible. If you have any questions about the meaning of anything on this form, please call Cigna customer service at **1.800.Cigna24** (1.800.244.6224) or the toll-free telephone number on your Cigna Dental ID card.

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 Initia	tial) Cus		ustomer ID Number			
Mailing Address (Street)			(City)				(State)		e) (Zip Code)		
Daytime Telephone Number	Evening Telephone Numb	er	Email Address								
Name of person filing the griev	er) (Las	st)	(First)					(Middle Initial)			
PATIENT INFORMATION (Complete only if patient is other than the customer)											
Name (Last)	ast) (First)		(Middle Initial) Rela		Rela	ationship to Customer		r Customer ID Number			
Mailing Address (Street)		(City)				(State)		(Zip Code)			
Daytime Telephone Number	Evening Telephone Numb	ber	Email Address								

DENTAL SERVICES INFORMATION											
Dentist Name (Last)		(First) (N		(Middle Initia	al) Dat	te of Service					
Mailing Address (Street)			(City)		(State)	(Zip Code)					
Dental Office Number		Dent	Dental Office Telephone Number								
Nature of Problem											
Dentist's Service	Changes	Attitu	de of Dentist	Other							
Benefits	Appointment	Attitu	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	2			Date	2						
When completed, mail o			CC 070 2042 /b-ll fra -)								

Mail: Cigna Dental Health of California, Inc. Central Appeals Unit PO Box 188047 Chattanooga, TN 37422-8047 Fax: 1.866.870.3842 (toll-free)





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