

COMPLAINT FORM

Please complete this Form in full and attach any dental bill and/or itemized receipt. All Complaints must be received within ninety (90) days from the date of service.

PLEASE MAIL TO: DentaQuest Virginia, Inc.
c/o Quality Assurance Department
4061 Powder Mill Road, Suite 325
Calverton, MD 20705-3149
Telephone: 301-937-4447
Toll Free: 1-800-879-0288

A. SUBSCRIBER INFORMATION

SUBSCRIBER'S NAME: _____ SOCIAL SECURITY #: _____

PATIENT'S NAME: _____ RELATIONSHIP TO SUBSCRIBER: _____

ADDRESS: _____
STREET CITY STATE ZIP

WORK PHONE: () _____ HOME PHONE: () _____

EMPLOYER'S NAME: _____ FEE SCHEDULE: _____

B. DENTIST INFORMATION

DENTIST'S NAME: _____ TELEPHONE #: _____

DENTIST'S ADDRESS: _____
STREET CITY STATE ZIP

DATE COMPLAINT OCCURRED: _____
(MONTH/DAY/YEAR)

C. DESCRIBE YOUR COMPLAINT (PLEASE ATTACH ADDITIONAL SHEET IF NECESSARY)

D. RESOLUTION DESIRED: _____

HAVE YOU SPOKEN TO THE DENTIST AND/OR THE DENTIST'S STAFF ABOUT THIS MATTER? _____

IF SO, PLEASE LIST THEIR NAMES: _____

HAVE YOU SPOKEN TO OUR MEMBER SERVICES DEPARTMENT ABOUT THIS MATTER? _____

IF SO, PLEASE LIST THEIR NAMES: _____

I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. BY SIGNING BELOW, I AUTHORIZE AND GIVE MY PERMISSION TO DENTAQUEST VIRGINIA, INC. TO OBTAIN ANY DENTAL TREATMENT INFORMATION ON MY BEHALF TO INCLUDE DENTAL RECORDS AND X-RAYS AS MAY BE DEEMED NECESSARY BY DENTAQUEST VIRGINIA, INC. IN THE RESEARCH AND RESOLUTION OF MY COMPLAINT. I FURTHER GIVE DENTAQUEST VIRGINIA, INC. PERMISSION TO FORWARD MY COMPLAINT TO THE PARTICIPATING DENTIST IN THE RESEARCH AND RESOLUTION OF MY COMPLAINT.

PATIENT SIGNATURE

DATE

PATIENT PRINT NAME

PARENT/ LEGAL GUARDIAN SIGNATURE (IF MINOR)

PRINT NAME

DATE: _____

TO ASSIST VIRGINIANS IN UNDERSTANDING AND EXERCISING THEIR RIGHTS OF APPEAL, THE OFFICE OF THE MANAGED CARE OMBUDSMAN WAS CREATED. THEY MAY BE CONTACTED AT:

**ADDRESS: OFFICE OF THE MANAGED CARE OMBUDSMAN
BUREAU OF INSURANCE
P.O. BOX 1157
RICHMOND, VA 23218
TELEPHONE: TOLL FREE: 1-877-310-6560
METROPOLITAN RICHMOND: 804-371-9032**

E-MAIL: ombudsman@scc.state.va.us

**WEB PAGE: INFORMATION REGARDING THE OMBUDSMAN MAY BE FOUND BY
ACCESSING THE STATE CORPORATION COMMISSION'S WEB PAGE
AT: <http://www.state.va.us/scc>**