



Appeal Request Form

You have the right to request an appeal if you are not happy with the action we have taken. If you have any questions, or need help filling out this form, please contact Member Services.

Member Toll Free: 800-508-6775

Provider Toll Free: 800-896-2374

Hearing Impaired: TTY 711

Person filing appeal

Member

Provider

Member Representative

Member Representative name: _____

Member Representative phone number: _____

Type of appeal would you like to file Written In-Person

(if you are the member or the member's representative, you only need to complete the member information below)

Member Name	Provider Name
Member Identification Number	Provider License Number
Telephone Number	National Provider Identifier
Address	Telephone Number
City	Address
State	City
Zip	State
	Zip

Please explain your appeal:

(use additional sheet(s) as necessary to explain your appeal and desired outcome)

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Please sign to allow DentaQuest to obtain any medical records and/or information needed to research your appeal.

Signature: _____

Date: _____

Return Completed Forms To: **DentaQuest**
Attention: Appeals
Stratum Executive Center
11044 Research Blvd
Building D, Suite D-400
Austin, TX 78759
Fax: 800-936-0913
Call toll free: 800-508-6775

A decision will be reached on your appeal within 30 days after it is received. Expedited appeals will be completed first, but no later than 1 working day from the date we receive all information needed to complete the appeal.

The final decision letter will provide:

- The clinical and/or contract term(s) the decision was based on.
- Toll-free telephone number and address of the Texas Department of Insurance.

You can file a complaint with the Texas Department of Insurance (TDI) at any time.

Texas Department of Insurance
P.O. Box 149091
Austin, Texas 78714-9091
Toll-free telephone number: 800-252-3439
Web site: www.tdi.state.tx.us (for instructions and complaint forms)
E-mail: ConsumerProtection@tdi.state.tx.us