



Complaint Form

You have the right to file a complaint if you are not happy.
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 7-1-1

Person filing complaint

Member

Member Representative

Member Representative name: _____

Member Representative phone number: _____

Type of complaint would you like to file

Written

In-Person

Member Name	Provider Name
Member Identification Number	Telephone Number
Telephone Number	Address
Address	City
City	State Zip
State Zip	

Please explain your complaint:

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

Complaint Form

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

Signature: _____

Date: _____

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

Within 5 days of receiving your complaint, we will send you a confirmation letter. This letter will describe the complaint process and your rights. We will review the details of your complaint. A decision will be reached on your complaint within 30 days. The final decision letter will provide you with our findings and decision. The letter will also tell you what you can do if you are still not happy.

You can file a complaint with the Texas Department of Insurance (TDI) if you do not agree with DentaQuest's decision.

Texas Department of Insurance
Consumer Protection, MC111-1A
P.O. Box 149091
Austin, Texas 78714-9091

Toll-free telephone number: 800-252-3439

Web site: <https://www.tdi.texas.gov/consumer/health-complaints.html>
(for instructions and complaint forms)

E-mail: ConsumerProtection@tdi.state.tx.us

More information about complaints can also be found at:
<https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/hhs-submit-complaint.pdf>