DentaQuest

CardinalCare Smiles
Improving Dental Care in Virginia for Children and Adults

DentaQuest Provider Appeal Form

DentaQuest Attn: Complaints & Grievances PO Box 2906 Milwaukee, WI 53201-2906

Member Name: _____

Member Identification Number: _____

Date of Service: _____

Date EOB was received: _____

Authorization Number: _____

Date Authorization was received: _____

Provider Name: _____

Location Number: _____

Office Contact: _____

Office Phone Number: _____

Reason for Appeal:

_____
_____
_____
_____
_____
_____
_____

Outcome office is requesting:

_____
_____
_____