

TennCare Dental Member Appeal Form



DENTAL APPEAL FORM

Use this page only to file a TennCare Dental Appeal.

Fill out **both pages**. These are **facts we must have to work your appeal**. If you don't tell us all the facts we need, we may not be able to decide your appeal. You may **not** get a fair hearing. Need help understanding what facts we need? Call us for free at **1-855-418-1622**. If you call, we can also take your **appeal by phone**.

1. Who is the person that wants to appeal?

Full Name _____

Date of Birth ____/____/____ Social Security Number ____ - ____ - ____

Or number on their TennCare card _____

Current Mailing Address _____

City _____ State _____ Zip Code _____

The name of the person we should call if we have questions about this appeal:

A daytime phone number for that person (____) _____ - _____

2. Who filled out this form?

If not the person who wants to appeal, tell us your name: _____

Are you a: Parent, relative, or friend Advocate or attorney Dentist or health care provider

3. What is the appeal for?

(Place an X in the box beside the best answer below)

Need care or medicine. (Fill out Part A on page 2.)

Have bills or paid for care or medicine you think TennCare should pay. (Fill out Part B on page 2.)

4. Do you think you have an emergency?

Usually, your appeal is decided within **90 days** after you file it. But, if you have an emergency, you may be able to get an expedited appeal. This means your appeal will be decided in 3 business days. An emergency means that if you don't get a decision on your appeal within 3 business days, it could **seriously jeopardize (put in danger)**:

- Your life;
- Your physical health;
- Your mental health; or
- Your ability to reach, get back, or keep your mind and body as healthy as possible.

Do you still think you have an emergency? If so, you can ask TennCare for an expedited appeal. DentaQuest will decide if your appeal should be expedited because you have an emergency. If so, then your appeal will be decided in 3 business days from the date TennCare receives your appeal. But, if DentaQuest decides that your appeal should **not** be expedited, then you will get a hearing within 90 days.

Also, if your doctor thinks you need an expedited appeal, your doctor can go to **tn.gov/tenncare**. Click "Providers," and then click "Miscellaneous Provider Forms" to fill out a "Provider's Expedited Appeal Certificate." Your doctor should fax the certificate to **1-866-211-7228**. DentaQuest will review the certificate and make a decision about your appeal. If DentaQuest thinks the appeal should be expedited, you will get a decision on your appeal in 3 business days from them. But, if DentaQuest decides your appeal should **not** be expedited, then you will get a hearing within 90 days of the date you filed your appeal.

(Keep reading. There is 1 more page for you to fill out.)

5. Tell us why you want to appeal this problem. Include any mistake you think TennCare made. And, send copies of any papers that you think may help us understand your problem.

To see which Part(s) you should fill out below; look at number 3 on page 1.

Part A. Need care or medicine. What kind - be specific: _____

What's the problem?

Can't get the care or medicine at all The care or medicine is being cut or stopped

Can't get as much of the care or medicine that I need. Waiting too long to get the care or medicine

Did your doctor prescribe the care or medicine? Yes No If yes, doctor's name _____

Have you asked your health plan for this care or medicine? Yes No If yes, when? _____

What did they say? _____

Did you get a letter about this problem? Yes No If yes, the date of the letter: _____

Who was the letter from? _____

Are you getting this care or medicine from TennCare now? Yes No

Do you want to see if you can keep getting it during your appeal? Yes No

Does your doctor say you still need it? Yes No If yes, doctor's name: _____

If you keep getting care or medicine during your appeal and you lose, you may have to pay TennCare back.

Part B. Bills for care or medicine you think TennCare should pay for

The date you got the care or medicine _____

Name of doctor, drugstore, or other place that gave you the care or medicine _____

Their phone number (____) _____ - _____ Their address _____

Did you pay for the care or medicine and want to be paid back? Yes No

If yes, you must send a copy of a receipt that proves you paid for the care or medicine.

If you didn't pay, are you getting a bill? Yes No

If yes, and you think TennCare should pay, you must send a copy of a bill.

Tell us the date you first got the bill (if you know): _____

How to file your dental appeal :

Make a copy of the completed pages to keep.

Then, **mail** these pages and other facts to:

TennCare Solutions
PO BOX 593
Nashville, TN 37202-0593

Or, **fax** it (toll free) to **1-888-345-5575** **Keep a copy** of the page that shows your fax went through.

To appeal by **phone**, call **1-800-878-3192** for free.

Have speech or hearing problems? Call our TTY/TDD line for free at 1-866-771-7043.

We do not allow unfair Treatment in TennCare.

No one is treated in a different way because of race, color, birthplace, language, sex, religion, age, or disability.

If you think you've been treated unfairly, call the Tennessee Health Connection for free at **1-855-259-0701**.