Health Net

Written Inquiry/Complaint Form

Please return to:
Health Net Dental
PO BOX 26110
Santa Ana, CA 92799
(800) 977-7307

Complaint Form Date received: _____

Date: _____ Member Name: _____

Subscriber ID: _____

Member Home Address: _____

Member Phone Number: Home: _____ Work: _____

Patient Phone Number: Home: _____ Work: _____

Employer Name: _____

Dental Facility Name: _____ Dentist Name: _____

Date of last visit: _____ Location: _____

Inquiry/Grievance: _____

(Over)

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against Health Net, you should first telephone Health Net at **1-800-977-7307** and use Health Net's grievance process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by Health Net, or a grievance that remained unresolved for more than 30 days, you may call the Department for assistance. You may also be eligible for Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a Health Plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number **(1-888-HMO-2219)**and a **TDD line (1-877-688-9891)** for the hearing and speech impaired. The Department's Internet web site **http://www.hmohelp.ca.gov** has complaint forms, IMR application forms and instructions online.