

Texas CHIP Dental Services Program Appeal Form

You have the right to request an appeal if you are not happy with the outcome of your complaint. We are here to help you fill out this form. Please call us for help.

CHIP Members: 1-866-561-5892
CHIP Providers: 1-866-561-5891

Hearing Impaired: TTY 7-1-1 (Relay Texas)

Who is filing this appeal?	<input type="checkbox"/> Member	<input type="checkbox"/> Provider
	<input type="checkbox"/> Other (please identify)	
How is this appeal being filed?	<input type="checkbox"/> Written	<input type="checkbox"/> Verbal
Member Information:		
Member Name:		
Member ID Number:		
Telephone Number:		
Address:		
City:	State:	ZIP:
Provider Information:		
Provider Name:		
Provider License Number:	NPI:	
Telephone Number:		
Address:		
City:	State:	ZIP:
Appeal Information (please tell us about your appeal):		
Release of Medical Records		
Signature:		Date:
<i>Please sign and date here. Delta Dental needs your medical records and other information so we can review your appeal.</i>		

Please return your completed appeal form to us.

FAX: 1-866-828-4122 (toll-free)
Mailing address: Texas CHIP Dental Services
Delta Dental Insurance Company
ATTN: Grievance and Appeals
PO Box 537014
Sacramento, CA 95853-7014

About the Appeal Process

After we get your completed appeal form, we will send you a letter within 5 business days. The letter will explain your right to:

- Submit a written appeal to an appeal panel.
- Appear before an appeal panel in person.
- Present information to help your case.
- Ask questions about the decision we made regarding your complaint.

At least 5 business days before the appeal panel meets, we will send you:

- Information about who is on the appeal panel.
- Information about any dentists who helped us review your case.
- Copies of the information about your case that the appeal panel will review.

We may tell you the outcome of your appeal right away. We will always send you a written letter of the decision within 3 business days. The letter will include:

- Our decision about your appeal.
- The reasons for our decision.
- Contact information for the Texas Department of Insurance.

If your appeal involves an emergency:

- We will make a decision within 1 business day after receiving your request for appeal.
- The appeal will be reviewed by a dentist instead of the appeal panel (at your request).

Independent Review

If you are not happy with the outcome of the appeal, you can ask an Independent Review Organization to review your case. You can ask for the independent review any time during or after Delta Dental's appeal process. If you want an independent review, please call or write to us at:

Phone: Members: 1-866-561-5892 (toll-free)
Providers: 1-866-561-5891 (toll-free)

Mailing address: Delta Dental Insurance Company
Texas CHIP Dental Services
ATTN: Grievance and Appeals
PO Box 537014
Sacramento, CA 95853-7014

We will send you a form that asks for an independent review. You must complete the form and return it to us. When we receive your completed form:

- We will send it to the Texas Department of Insurance right away.
- They will assign your case to an Independent Review Organization within 1 business day.
- They will let you know the name of that organization.

The Independent Review Organization will make a decision about your case within 20 days. If your case involves a life-threatening condition, they will make a decision within 5 days.

Texas Department of Insurance

You can call or write to the Texas Department of Insurance at any time. You may contact them at:

Telephone Number: 1-800-252-3439 (toll-free)

Mailing address: Texas Department of Insurance
PO Box 149091
Austin, TX 78714-9091

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

Website: <http://www.tdi.texas.gov/> (for instructions and complaint form)