

Texas CHIP Dental Services Program Complaint Form

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 complaint?	<input type="checkbox"/> Member	<input type="checkbox"/> Provider
	<input type="checkbox"/> Other (please identify)	
How is this complaint 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:
Complaint Information (please tell us about your complaint):		
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 complaint.</i>		

Please return your completed complaint 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 Complaint Process

After we receive your complaint, here is what will happen:

- We will send you a letter within 5 business days. Our letter will say that we received your written complaint.
- We will review the details of your complaint.
- We will send you an answer within 30 calendar days from the day we receive your written complaint.
- If you have an emergency complaint, we will respond within 1 day. (An emergency complaint involves a serious threat to health.)

Our response to your complaint will be in a letter. That letter will state:

- Our decision about your complaint.
- The reasons for our decision.
- The specialty area of any dentist we asked to help us with your complaint.
- Information about filing an appeal.

Texas Department of Insurance

You can call the Texas Department of Insurance at any time. If you still have a complaint after you've gone through the Delta Dental complaint process, contact the Texas Department of Insurance 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)