



# Texas CHIP Dental Services Appeal Form

Delta Dental Insurance Company

*You have the right to request an appeal if you are not happy with the outcome of your complaint.*

If you have any questions, or need help filling out this form, please call our Customer Service Call Center.

Member Toll Free: **866-561-5892**

Provider Toll Free: **866-561-5891**

Hearing Impaired: **TDD 800-735-2922**

**Person filing Appeal?**

**Member**

**Provider**

**What type of Appeal would you like to file?**

**Written**

**In Person**

## MEMBER INFORMATION

Member Name: \_\_\_\_\_

Member Identification Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## PROVIDER INFORMATION

Provider Name: \_\_\_\_\_

Provider License Number: \_\_\_\_\_

National Provider Identifier: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## APPEAL INFORMATION

Please explain your Appeal: \_\_\_\_\_

Please explain your desired outcome: \_\_\_\_\_

Please sign to allow Texas CHIP Dental Services to obtain any medical records and/or information needed to research your appeal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPEALS PROCESS

Return completed forms to:

**Toll-free fax number:** 866-828-4122  
**Mailing address:** Texas CHIP Dental Services  
Delta Dental Insurance Company  
ATTN: Customer Relations Analyst  
P.O. Box 537014  
Sacramento, CA 95853-7014

In 5 days of receiving an appeal request, we will send you a letter. This letter will describe the appeal process and your rights. Your appeal will be completed within 30 days. Emergency appeals will be completed first, but no later than 1 day after we receive it.

At least 5 days before the appeal panel meets, you will receive a letter. The letter will give:

- ▶ All materials we gave to the appeal panel.
- ▶ The specialty of the providers contacted during the investigation.
- ▶ The name and affiliation of the appeal panel.

The final decision letter will give:

- ▶ The clinical and/or contract term(s) the decision was based on.
- ▶ Toll-free telephone number and address of the Texas Department of Insurance.

You can file a complaint with the Texas Department of Insurance (TDI) at any time. Contact them at:

**Mailing address:** Texas Department of Insurance  
P.O. Box 149091  
Austin, Texas 78714-9091

**Toll-free telephone number:** 800-252-3439  
**Web site:** [www.tdi.state.tx.us](http://www.tdi.state.tx.us) (for instructions and complaint forms)  
**E-mail:** [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)