

## Texas CHIP Dental Services Complaint Form

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 Complaint?

Member

Provider

### 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: \_\_\_\_\_

### COMPLAINT INFORMATION

Please explain your Complaint: \_\_\_\_\_

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 Complaint.

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

## COMPLETED FORMS

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

## COMPLAINT PROCESS

We will process your complaint within 30 calendar days. Here is what will happen:

You send us a written complaint:

- ▶ We will send you a letter within 5 business days. Our letter will acknowledge that we have received your written complaint.
- ▶ We will review the details of your complaint.
- ▶ We will send you an answer within 30 calendar days.
- ▶ 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. The letter will give:

- ▶ our decision about your complaint;
- ▶ the reasons for our decision;
- ▶ the specialty area of any dentist we asked to help us with your complaint and
- ▶ information about filing an appeal.

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)