

Grievance/Appeal Form

Refer to page two of this form for information about grievances and appeals. If you need help with this form, please call us.

Mail completed form to:

Access Dental
Attn: Grievances/Appeals Dept.,
PO Box: 659005
Sacramento, CA 95865

Customer Service:

Monday through Friday, 8:00 a.m. to 6:00 p.m.
DHMO: 866-650-3660

The form can also be emailed to
GrievanceDept@premierlife.com or faxed to
602-638-5956.

What program is this grievance/appeal request for?	DHMO	
Who is completing this form?	<input type="checkbox"/> Member	<input type="checkbox"/> Provider
Providers can file a grievance/appeal on behalf of a member, with the member's written consent, which must be attached.		
Is a quick decision needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A quick decision is needed when there is possible harm to a member's life, health, or ability to function. These are expedited appeals. Expedited appeals can be filed by calling Customer Service. A form is not needed.		
Has this already been filed by phone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When you file an appeal by phone, a written form is not required. If you filed by phone and need to submit additional documents, please submit a completed form with your documents.		
Do you want to continue receiving services while we process your grievance/appeal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the member continues services while we process the grievance/appeal, and the outcome is not in the member's favor, the member will be responsible for the cost of the disputed services received.	<input type="checkbox"/> Does not apply	

Member ID Number: _____ Member Birthdate: _____ Telephone: _____

Member Last Name: _____ Member First Name: _____ MI: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Office Name: _____ Office Address: _____

Provider Name: _____ Office Phone Number: _____

Contact/Person filing on the member's behalf
(if applicable): _____ Contact Phone Number: _____

Describe the details of your grievance/appeal. Please provide specific information such as the date(s) of service, services involved, etc. Please use additional sheets if needed.

Signature: _____ Date: _____

Guidelines for Grievances and Appeals:

	Grievances	Appeals
What is it?	A grievance is a complaint about the way your dental care services were handled by your dentist or Premier Access.	An appeal is a request for Premier Access to review one of the following: <ul style="list-style-type: none"> Request for services is denied or the approved services are less than what was requested Previously authorized service is terminated, reduced, or suspended Payment for a service is denied in whole or in part, and the denial could result in the member being liable for payment A Premier Access network provider fails to provide services in a timely manner (e.g., appointment wait time requirement not met) Premier Access failed to meet the timeframes for the Grievance and Appeals process.
What is an expedited request?	Not applicable for grievances.	An expedited appeal is a request for a quick decision. This is done to avoid possible harm to a member's life, health, or ability to function.
Who can file?	The member or provider.	The member, member's legally authorized representative, or a provider (on behalf of the member with the member's written consent).
How do I file?	A grievance can be filed orally or in writing.	An appeal can be filed orally or in writing. Written appeals can be submitted via mail, email, or fax. If submitting supporting documents, a written appeal is recommended. Call customer service to file an oral appeal.
When can I file?	A grievance can be filed at any time.	An appeal must be filed within 30 calendar days from the date of the Notice of Action. For services previously approved: If the original approval has not expired and the member wants to continue services while the appeal is processed, an appeal must be filed the later of the following: <ul style="list-style-type: none"> By the intended effective date of the Action Within 10 days of the Notice of Action
Can I receive services while my request is reviewed?	Not applicable for grievances	Disputed services can continue while the appeal is in process if all of the following apply: <ul style="list-style-type: none"> The member requests to continue services The original approval has not expired The appeal for the termination, suspension or reduction of a previously approved service The appeal was requested on time
How long does it take to process?	The grievance process takes up to 90 calendar days. A notice is sent with the decision. *	The appeal process takes up to 30 calendar days. A notice is sent with the decision. Quick or expedited appeals take up to three working days to process. You will receive notice of the decision. *

*Premier may take an additional 14 days for processing if either the member requests an extension, or there is a need for more information, and it is in the best interest of the member. You will receive a notice of the reason for delay.

Fax: 855-691-3243

Email: GrievanceDept@premierlife.com

Attn: Grievances/Appeals Dept.

Access Dental
Dept., PO Box: 659005
Sacramento, CA 95865-9005
portal.premierlife.com