UDC Dental California, Inc.
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udcdentalcalifornia.com

UNUSUAL INCIDENT REPORT

Your complete satisfaction with the dental plan is our primary concern. In order to efficiently and effectively provide you with the best service, please complete this form regarding your issue and mail it to the address below.

Today's Date Date of Incident Subscriber ID# _____

Subscriber's Name _____ Patient's Name _____

Address _____
Street City State Zip

Telephone ( ) _____ ( ) _____
Daytime Evening

Dental Office _____

Complete Detail of incident (use additional pages if necessary)

What attempts have you made to resolve the problem/concern with your dentist?

Specific action you are requesting, if any

The *California Department of Managed Health Care* is responsible for regulating health care services plans. If you have a grievance against your health plan, you should first telephone your health plan at (800) 443-2995 and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department has a toll-free telephone number (1-888-HMO-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's Internet Web site http://www.hmohelp.ca.gov has complaint forms, IMR application forms and instructions on line.

Signature_____ Date _____