

OKLAHOMA  
NOTICE OF GRIEVANCE PROCEDURES

Please read this notice carefully. This notice contains important information about the appeal process available to you. You have the right to ask us to assist you in filing a complaint or to review decisions involving your benefits.

**I. Definitions**

”Complaint” means any written correspondence from you, your representative, provider, or agent which expresses a complaint about the activities of the company or any persons involved in the solicitation, sale, or service of this plan

”Grievance” means a complaint on your behalf submitted by you, or person, including, but not limited to, a provider, authorized in writing to act on your behalf regarding:

- (a) the availability, delivery, or quality of dental, vision or hearing care plan services;
- (b) benefits or claims payment, handling, or reimbursement for dental, vision or hearing care services.

“Adverse Determination” means a determination that a benefit for a dental service has been reviewed and denied on the basis of medical necessity. Failure to respond in a timely manner to a request for determination constitutes an adverse determination.

**II. Designated Area Responsible For Complaint System and Receiving Complaints**

	Quality Control Unit
Address:	P.O. Box 82657 Lincoln, Nebraska 68501-2657
Phone:	1-877-897-4328 (Toll-Free)
Fax:	(402) 309-2579

**III. Complaint/Grievance Procedures**

**A. Providing Notice**

Any persons making a verbal complaint or grievance, in person or by telephone, will be instructed to send their concerns in writing to the Quality Control Unit.

If you have a concern about a benefit denial based on medical necessity, you or your provider have the right to request a written report signed by reviewing dentist. We will respond to your request within fifteen (15) days after receipt.

**B. Internal Review**

The complaint or grievance will be reviewed by all appropriate internal parties. We will respond no later than 45 calendar days after receipt. If the appeal or complaint is received from a source other than you, you will also receive a copy of our response.

## **C. Decision**

### **a. Denial Upheld**

If we continue to agree that a benefit for a covered service should have been denied, you will receive a written notice of that decision. You will also receive a notice of your right to appeal the decision to the State Insurance Department.

Address: Oklahoma Insurance Department  
Consumer Assistance/Claims Division  
400 NE 50<sup>th</sup> Street  
Oklahoma City, OK 73105

Phone: 1-800-522-0071 (In State Only)  
or (405) 521-2991

Fax: (405) 521-6652

Website: <http://www.oid.ok.gov>

### **b. Denial Reversed**

If we agree that a benefit for a covered service should have been provided, we will process the payment accordingly.