

GRIEVANCE FORM

Texas

This complaint form MUST BE completed and returned to SafeGuard for prompt resolution of your complaint. SafeGuard will send you an acknowledgement letter within five (5) days of receipt of this form. SafeGuard will review your complaint and send you written notice of the determination within thirty (30) days of receipt of this form. If your complaint is not resolved by SafeGuard to your satisfaction, you may appeal the decision to SafeGuard, as outlined in your Evidence of Coverage, or may contact the Texas Department of Insurance as set forth below. A copy of this form may be forwarded to the dental or vision provider who provided treatment.

SECTION 1: Member Information

Member Name		Family ID Number	
Address			Apt/Suite # (If any)
City		State	Zip
Member Home Phone No		Work Phone No	
Patient Name		Relationship to Member	
Patient Home Phone No		Patient Work Phone No	

SECTION 2: Employer Information

Employer Name	Employer Group Number
Dental/Vision Facility Name	City

SECTION 3: Authorization

If you need assistance in completing this form, please contact the Customer Service Department at 800.880.1800. You may also refer to your Evidence of Coverage for a detailed description of the complaint process.

I authorize the release and disclosure of any and all of my dental/vision records to SafeGuard Health Plans, Inc., Quality Management Department.

Signature: _____ Date: _____

Please state your complaint on the reverse side of this document or attach a separate form.

Mail the completed form to:

Quality Management Department
P.O. Box 3532
Laguna Hills, CA 92654-3532

Any person, including persons who have attempted to resolve complaints through SafeGuard's complaint system process and who are dissatisfied with the resolution, may file a complaint with the Texas Department of Insurance at P.O. Box 149091, Austin, TX 78714-9091. The Department's telephone number is (800) 252-3439.

The commissioner will investigate a complaint against SafeGuard to determine its compliance with insurance laws within sixty (60) days after the Department receives your complaint and all information necessary for the Department to determine compliance. The commissioner may extend the time necessary to complete an investigation in the event any of the following circumstances occur: a) additional information is needed, b) an on-site review is necessary, c) SafeGuard, the physician or provider, or you do not provide all documentation necessary to complete the investigation, or d) other circumstances beyond the control of the Department occur.