

DWP and DWP Kids Grievance Form

PLEASE PRINT OR TYPE ALL INFORMATION

You can report your dissatisfaction about the DWP and DWP Kids, Delta Dental of Iowa, a dentist, services received, failure to respect your enrollee rights or any issue other than an adverse benefit determination. This form can be completed by you, your personal representative or dentist on your behalf, or by one of our representatives on your behalf if you need assistance.

Enrollee's Information

Member ID #:

Name:

Address:

Telephone:

Requestor's Information: If you are submitting a Grievance on behalf of the enrollee, and you are not the enrollee's parent or legal guardian, a Personal Representative Appointment and Authorization Form must be completed and submitted with this form (unless one is already on file with Delta Dental of Iowa). An enrollee may appoint only one authorized representative at a time. To obtain a form call us at 1-888-472-2793 or visit the web at www.dwpiowa.com.

This Grievance is submitted by:

Name:

Address:

Telephone:

Type of Grievance: Check the box that best describes the type of Grievance you are filing. If none apply, select other and provide a brief description.

- ☐ Quality of or access to care
 - ☐ Quality of or access to services/plan design
 - ☐ Inappropriate actions or behavior of a network dentist
 - ☐ Inappropriate action or behavior of a Delta Dental Employee
 - ☐ Failure to respect enrollee's rights
 - ☐ Fraud or Abuse
 - ☐ Other:
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Mail to:
Delta Dental of Iowa
Attn: Government Program Appeals and Grievances
P.O. Box 9040
Johnston, IA 50131

Grievance Description:

Signature of Enrollee or Personal Representative

Date

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