



DWP and Hawki Complaint Form

PLEASE PRINT OR TYPE ALL INFORMATION

You can report your dissatisfaction about the DWP, Hawki Plan, 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: _____ Email Address: _____
(Provide only if you want to be emailed)

Requestor's Information: If you are submitting a complaint 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 1-800-544-0718 or visit the web at www.deltadentalia.com

This complaint is submitted by:

Name: _____ Address: _____

Telephone: _____ Relationship to Enrollee: _____

Type of Complaint: Check the box that best describes the type of complaint 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
- 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: _____

Complaint Description: Why are you dissatisfied; provide specific dates such as a dates of service; dentist or Delta Dental employees; any details to help us better understand what happened. Use a separate sheet of paper if more space is needed.

Signature of Enrollee or Personal Representative

Date

Mail to:
Delta Dental of Iowa
Attn: Government Program Appeals and Grievances
P.O. Box 9040
Johnston, IA 50131



Required Federal Notice-Nondiscrimination and Accessibility

Delta Dental of Iowa complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. To review our full nondiscrimination notice go to www.deltadentalia.com/nondiscrimination.

Delta Dental of Iowa provides free language services to people whose primary language is not English. In addition, Delta Dental provides free services for people with disabilities such as auxiliary aids, written communication in other formats such as large print, audio or other formats. If you need these services, call 1-800-544-0718 x0, hearing impaired (TYY) call 1-888-287-7312.

Language Access Service

This Notice has Important Information. This notice has important information about your application or coverage through Delta Dental of Iowa. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-544-0718 x0.

Arabic –

يحتوي هذا الإشعار معلومات هامة بحوي هذا الإشعار معلومات هامة بخصوص طلبك للحصول على التغطية من خلال Delta Dental of Iowa. ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف لك الحق في الحصول على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بـ 1-800-544-0718 x0.

Chinese – 本通知有重要的訊息。本通知有關於您透過 Delta Dental of Iowa 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 字 1-800-544-0718 x0。

French – Cet avis contient des informations importantes. Cet avis contient des informations importantes concernant votre demande ou la couverture offerte par Delta Dental of Iowa. Prenez note des dates butoirs indiquées dans le présent avis. Vous devrez peut-être effectuer certaines démarches dans les délais prévus pour conserver votre couverture santé ou l'aide financière à laquelle vous pouvez prétendre. Vous avez le droit d'obtenir ces informations et de recevoir de l'aide dans votre langue gratuitement. Appelez le 1-800-544-0718 x0.

German – Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Delta Dental of Iowa. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 1-800-544-0718 x0.

Hindi – इस नोटिस में महत्वपूर्ण जानकारी है। इस नोटिस में आपके आवेदन या Delta Dental of Iowa के माध्यम से बीमे के बारे में महत्वपूर्ण जानकारी शामिल है। इस नोटिस में मुख्य तारीखें दें। अपना स्वास्थ्य बीमा बनाए रखने या लागू होने में मदद के लिए आपको कुछ निश्चित समय-सीमाओं तक कार्रवाई करने की जरूरत हो सकती है। आपको कोई भी कीमत दिए बिना यह जानकारी और सहायता अपनी भाषा में प्राप्त करने का अधिकार है। 1-800-544-0718 x0 पर कॉल करें।

Karen – တၢ်ကွၢ်နီၣ်ဆဲးနီၣ်ဆီၣ်ဒီးတၢ်ဂ့ၢ်တၢ်ကွၢ်လၢဆၢနီၣ်
တၢ်ကွၢ်နီၣ်လၢ. တၢ်ကွၢ်နီၣ်ဆဲးနီၣ်ဆီၣ်ဒီးတၢ်ဂ့ၢ်တၢ်ကွၢ်လၢဆၢနီၣ်
ဆၢနီၣ်ဘၣ်ယးဒီးန့ၣ်ဝဲတၢ်တီၣ် မ့တဖၢ် တၢ်ကျိၣ်ဘၢဒီးနီၣ် Delta Dental of Iowa န့ၣ်လၢ. ယုၣ်ကွၢ်နီၣ်န့ၣ်မ့ၢ်မ့ၢ်သီဆီၣ်သ့ၣ်လၢတၢ်ကွၢ်နီၣ်ဆီၣ်တက့ၢ်. ဘၣ်သ့ၣ်သ့ၣ်န့ၣ်တၢ်ကွၢ်နီၣ်န့ၣ်မ့ၢ်မ့ၢ်သီလၢတၢ်ဆၢတၢ်တီၣ်တၢ်ကွၢ်လၢဆၢနီၣ်တၢ်ကွၢ်နီၣ်ဆီၣ်ဆၢနီၣ်ဆီၣ်တၢ်ကျိၣ်ဘၢ မ့တဖၢ် တၢ်မၤစၢၤလၢန့ၣ်တၢ်ကွၢ်နီၣ်ဆီၣ်ဆၢနီၣ်လၢ. န့ၣ်ဆီၣ်ဒီးတၢ်ခွဲးတၢ်တီၣ်တၢ်ကွၢ်လၢဆၢနီၣ်တၢ်မၤစၢၤဒီးတၢ်ဂ့ၢ်တၢ်ကွၢ်လၢဆၢနီၣ်တၢ်ကွၢ်နီၣ်န့ၣ်လၢတၢ်တီၣ်တၢ်ကွၢ်နီၣ်ဆီၣ်ဆၢနီၣ်လၢ. ကိး 1-800-544-0718 x0 တက့ၢ်.

Korean – 본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Delta Dental of Iowa를 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하의 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 1-800-544-0718 x0로 전화하십시오.

Laotian – ຄຳຈັກການສະບັບນີ້ມີຂໍ້ມູນສຳຄັນ. ຄຳຈັກການສະບັບນີ້ມີຂໍ້ມູນທີ່ສຳຄັນກ່ຽວກັບການສະໝັກ ຫຼື ການຄຸ້ມຄອງ ງ່າຍທ່ານໂດຍຜ່ານ Delta Dental of Iowa. ຕັ້ງກຳນົດການໃນຄຳຈັກການສະບັບນີ້. ຕັ້ງກຳນົດການໃນຄຳຈັກການສະບັບນີ້ ຍ່າກຳນົດເວລາທີ່ແນ່ນອນ ເພື່ອຮັກສາການຄຸ້ມຄອງສະພາບຂອງທ່ານຫຼືການຊ່ວຍເຫຼືອທີ່ມີຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດທີ່ຈະໄດ້ຮັບຂໍ້ມູນຂ່າວສານນີ້ແລະການຊ່ວຍເຫຼືອ ຫຼື ບຸພາສາຂອງທ່ານໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ໃຫ້ 1-800-544-0718 x0.

Pennsylvania Dutch – Die Bekanntmachung gebt wichdichi Auskunft.

Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit Delta Dental of Iowa. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimme Deadlines, so ass du dei Health Coverage bhalde kantscht, odder bezaahle helfe kantscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix. Ruf yuscht selli Nummer uff: 1-800-544-0718 x0.

Russian – Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Delta Dental of Iowa. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры до определенного срока для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 1-800-544-0718 x0.

Bosnian/Croatian – U ovom obavještenju su sadržane važne informacije. U ovom obavještenju su sadržane važne informacije o Vašoj prijavi ili osiguranju preko Delta Dental of Iowa. Pogledajte nalaze li se u ovom obavještenju neki ključni datumi. Možda ćete morati poduzeti određene radnje u datom roku kako biste i dalje zadržali svoje osiguranje ili pomoć pri plaćanju. Imate pravo da ove informacije, kao i pomoć, dobijete besplatno na svom jeziku. Nazovite 1-800-544-0718 x0.

Spanish – Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Delta Dental of Iowa. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 1-800-544-0718 x0.

Tagalog – Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Delta Dental of Iowa. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulung na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulung sa iyong wika ng walang gastos. Tumawag sa 1-800-544-0718 x0.

Thai – ประกาศนี้ มีข้อมูลสำคัญ ประกาศนี้ มีข้อมูลที่สำคัญเกี่ยวกับการสมัคร หรือขอชดเชยประกันสุขภาพของคุณผ่าน Delta Dental of Iowa ดูกำหนดการ ในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อ จะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิ ที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 1-800-544-0718 x0.

Vietnamese – Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bản về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Delta Dental of Iowa. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 1-800-544-0718 x0.

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