



# Medicare Advantage Complaint Form

PLEASE PRINT OR TYPE ALL INFORMATION

You can report your dissatisfaction about your Medicare Advantage Dental 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

Enrollee ID #:

Name:

Address:

Telephone:

Requestor's Information: If you are submitting a complaint on behalf of the enrollee, and you are not the power of attorney, 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 1-833-721-2892 or visit the web at [www.iowadentalma.com](http://www.iowadentalma.com)

This complaint is submitted by:

Name: Delta Dental of Iowa- Government Programs Appeals and Grievance

Address: P.O. Box 9040 Johnston, IA 50131

Telephone: 833-721-2892

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

