

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

MEDI-CAL DENTAL COMPLAINT FORM

Please fill in the form below and describe your questions or complaints completely. This information is important and necessary to research and resolve your questions or complaints.

STATE OF CALIFORNIA MEDI-CAL
BENEFITS IDENTIFICATION CARD NUMBER: _____

TELEPHONE NUMBER: (_____) _____

MESSAGE TELEPHONE NUMBER: (_____) _____

YOUR REPRESENTATIVE (if not yourself):

NAME: _____

ADDRESS: _____

CITY: _____, STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: (_____) _____

YOUR DENTAL PROVIDER'S NAME: _____

NAME: _____

ADDRESS: _____

CITY: _____, STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: (_____) _____

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TYPE OF COMPLAINT:

_____ Dentist service was incomplete or unsatisfactory

_____ Clinical Screening process was unsatisfactory

_____ Other

_____ Comments (Please describe your questions or complaints/ grievances completely here. Use the reverse side of this form or additional pages if you need additional space.)

PLEASE SIGN AND DATE THIS FORM:

It may be necessary to obtain your medical records from your dental care provider. Your signature below authorizes release of your dental records to Medi-Cal Dental.

SIGNATURE _____ DATE _____

Return this form to: Medi-Cal Dental Program
 Member Services Group
 P.O. Box 15539
 Sacramento, CA 95852-1539

When we receive this information, we will research your questions or complaints/grievances and notify you of our findings. If it is necessary for you to appear for a clinical examination in order to resolve this matter, we will notify you in writing of the date, time, and location of this appointment.

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-322-6384 (TTY: 1-800-735-2922).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-322-6384 (TTY: 1-800-735-2922).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-322-6384 (TTY: 1-800-735-2922).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-322-6384 (TTY: 1-800-735-2922).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-322-6384 (TTY: 1-800-735-2922). 번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-322-6384 (TTY: 1-800-735-2922)。

Հայերեն (Armenian)

Ուշադրութեամբ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք 1-800-322-6384 (TTY (հեռատիպ)՝ 1-800-735-2922):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-322-6384 (телетайп: 1-800-735-2922).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-322-6384 (TTY: 1-800-735-2922) تماس بگیرید.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-322-6384 (TTY: 1-800-735-2922) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-322-6384 (TTY: 1-800-735-2922).

ਪੰਜਾਬੀ (Punjabi)

ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-322-6384 (TTY: 1-800-735-2922) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-322-6384 (رقم هاتف الصم والبكم: 1-800-735-2922).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-322-6384 (TTY: 1-800-735-2922) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-322-6384 (TTY: 1-800-735-2922).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បរិស្ថានជាអ្នកនិយាយភាសាខ្មែរ, បសវ័ន្តប្រយោជន៍ភាសា បោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បរិស្ថាន។ ចូរ ទូរស័ព្ទ 1-800-322-6384 (TTY: 1-800-735-2922)។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-322-6384 (TTY: 1-800-735-2922).