DELTA DENTAL

DELTA DENTAL OF IOWA

APPEAL REQUEST FORM AND INSTRUCTIONS

Providers who wish to file a formal appeal related to an adverse benefit determination must complete the Delta Dental of Iowa Appeal Request Form. This form should only be used to submit an appeal.

If you have an inquiry you may continue to call or write to us. If you merely want to submit additional documentation, whether it was previously requested or not, you may do so using the same methods you have used in the past.

The Appeal Request Form must be received by Delta Dental of Iowa within 180 calendar days from the date of the original adverse benefit determination or the corresponding remittance advice (RA).

Within 30 days of receiving the Appeal Request, Delta Dental will send you a written final decision and indicate any action that has been taken. However, when special circumstances arise, Delta Dental may require 60 days. If additional time is required, Delta Dental will notify you within the original 30 day timeframe.

- ☐ To submit an appeal, complete the entire form and attach all documents, records and any other information related to the claim. You may access a list of required attachments for certain procedures under the Forms section of the website.
- ☐ List all documents you submit with your appeal request in the Claims Information section of this form.
- ☐ If submitting radiographs, photos, and/or periodontal charts make sure all documents are clearly dated.
- ☐ Delta Dental does not return radiographs or photographs. If you would like your radiographs/photographs returned, please provide a postage paid envelope with your appeal.
- ☐ Include a copy of the remittance advice (RA) or pre-treatment estimate.
- ☐ Return completed form and all documentation using one of the following methods:

Fax for Group and Individual members: **1-888-264-1440**
Fax for ***hawk-i*** members: **1-888-264-0195**

Email for Group and Individual members: claims@deltadentalia.com
Email for ***hawk-i*** members: hawki@deltadentalia.com

Mailing Address for Group and Individual members
ATTN: APPEALS
Delta Dental of Iowa
P.O. Box 9010
Johnston, IA 50131-9010

Mailing Address for ***hawk-i*** members
ATTN: APPEALS
Delta Dental of Iowa
P.O. Box 9040
Johnston, IA 50131-9040

Radiographs and photographs are not accepted via fax because they are not diagnostic quality when received this way. Please reference the NEA number in the claim information section, if applicable.

DELTA DENTAL OF IOWA

APPEAL FORM

Please indicate who is filling this form. **Name:**_____ (Circle One) I am a: Member / Provider

PATIENT INFORMATION	DENTIST INFORMATION
Patient Name: _____	Treating Dentist Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: ____Zip _____
Patient Identification Number: _____	Telephone Number: _____

APPEAL INFORMATION

Claim Number:_____

Electronic File Type & Number (if applicable)**:** _____

Supporting documentation attached? Yes No (if yes, list all documents below)

Form Completion Date: _____

Please list all supporting documents attached

_____ _____

_____ _____

Please provide the reason you disagree with Delta Dental's claim decision and attach any and all documentation that may assist Delta Dental in our review.

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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 –

يحوي هذا الشعار معلومات هامة. يحوي هذا الشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلال Delta Dental of Iowa. ابحث عن التواريخ الهامة في هذا الشعار. قد تحتاج التخاذ 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 महत्वप ूर्ण जानकारी है। इस नोटिस में आपके आवेदन या Delta Dental of Iowa के माधयम से बीमे के बारे में महतवप ूर्ण जानकारी शाममल है। इस नोटिस में मुखय तारीखें देखें। अपना सवास्थय बीमा बनाए रखने या लागतों में मदद के मलए आपको कु छ ननश्चित समय-सीमाओं तक कार्णवाई करने की ज़रूरत हो सकती है। आपको कोई कीमत टदए बबना यह जानकारी और सहायता अपनी भाषा में प्राप्त करने का अधिकार है। 1-800-544-0718 x0 पर कॉल करें।

Karen – w>uGJ;eD.t0JtHRM.td.'D;w>*h>w>usdRvXt&h'd. wz.M.vDRI w>uGJ;eD.t0JtHRtd.'D;w>*h>w>usdRvX t&h'd.b.C;'D;evHmywHxD. rhwrh> w>usX>bXcDzsd Delta Dental of Iowa M.vDRI CkuG>rk>eHRrk>oDtcd. oh.vX w> uGJ;eD.tHRwuh>I b.oh.oh. eub.[H;M>rl'gvXrk>eHRrk>oDvXw>qXwJmCmvX euymCmew>td. ql.td.cVw>usX>bX rhwrh> w>rRpXRvXeub.[h.tyORM. vDRI etd.'D;w>cGJ;w>,mvXeu'd;M>b. w>rR pXR'D;*h>w>usdR vXeudsm'ห. eJvXwvd.[h.tyORb.M.vDRI ud; 1-800-544-0718 x0 wuh>I

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

Laotian – ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບການສະໝັກ ຫຼື ການຄຸ້ມຄອງ ທີ່ທ່ານໄດ້ຜ່ານ Delta Dental of Iowa.

ເຊື່ອງການ ນີ້ ດການໃນແຈ້ ງການສະບັ ບນ້ , ເຊື່ອງການ ນີ້ ດການໃນແຈ້ ງການສະບັ ບນ

Pennsylvania Dutch – Die Bekanntmaching gebt wichdichi Auskunft. Die Bekanntmaching 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 beschtimmde Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. 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 određenje 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 tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-544-0718 x0.

Thai – ประกาศนี้มีข้อมูลสำคัญ. ประกาศนี้มีข้อมูลที่ส๋าคญเกี่ยวกับการการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Delta Dental of Iowa ดู่กำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาทีแน่นอนเพื่อจะรกษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสทธิที่จะได้รบข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 1-800-544-0718 x0.

Vietnamese – Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn 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 trúp 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.

ຍກໍ່ານົດເວລາວິທະຍຸ ນອນເທິ່ງ ອຣັກສາການຄຸ້ມຄອງສຸຂະພາບຂອງທ່ານ ການຊ່ວຍເຫຼືອ ອີເມວ ຄ່າໃຊ້ຈ່ າຍ. ທ່ ານມີສິດທີຈະໄດ້ ຮັ ບຂໍ້ ມູ ນຂ່ າວສານນ້ ເລະການຊ່ ວຍເຫຼືອ ໃນພາສາຂອງທ່ ານໂດຍບົນຄ່ າໃຊ້ ຈ່ າຍ. ໂທ 1-800-544-0718 x0.