



SafeGuard Health Plans, Inc.

Grievance Form

Texas

Please complete this form and return it to SafeGuard at the address listed below to enable prompt resolution of your complaint. SafeGuard will send you an acknowledgement letter within five (5) days of receipt of this form. SafeGuard will review your complaint and send you written notice of the determination within thirty (30) days of receipt of this form. If your complaint is not resolved by SafeGuard to your satisfaction, you may appeal the decision to SafeGuard, as outlined in your Evidence of Coverage, or may contact the Texas Department of Insurance as set forth below. A copy of this form may be forwarded to the dental or vision provider who provided treatment.

Member's Name: _____ Family ID Number: _____

Member's Home Address: _____

City: _____ State: _____ Zip: _____

Member's Home Phone No: _____ Work: _____

Patient's Name: _____ Relationship to Member: _____

Patient's Home Phone No: _____ Work Phone No: _____

Employer's Name: _____ Employer's Group Number: _____

Dental/Vision Facility Name: _____ City: _____

If you need assistance in completing this form, please contact the Customer Service Department at 800.880.1800. You may also refer to your Evidence of Coverage for a detailed description of the complaint process.

I authorize the release and disclosure of any and all of my dental/vision records to SafeGuard Health Plans, Inc., Quality Management Department.

Signature: _____ Date: _____

Please state your complaint on the reverse side of this document, or attach a separate form and mail the completed form to:

**Quality Management Department
P. O. Box 3532
Laguna Hills, CA 92654-3532**

Any person, including persons who have attempted to resolve complaints through SafeGuard's complaint system process and who are dissatisfied with the resolution, may file a complaint with the Texas Department of Insurance at P.O. Box 149091, Austin, TX 78714-9091. The Department's telephone number is (800) 252-3439.

The commissioner will investigate a complaint against SafeGuard to determine its compliance with insurance laws within sixty (60) days after the Department receives your complaint and all information necessary for the Department to determine compliance. The commissioner may extend the time necessary to complete an investigation in the event any of the following circumstances occur: a) additional information is needed, b) an on-site review is necessary, c) SafeGuard, the physician or provider, or you do not provide all documentation necessary to complete the investigation, or d) other circumstances beyond the control of the Department occur.

LANGUAGE ASSISTANCE PROGRAM: NOTICE TO INSUREDS

If you, or someone you're helping, have questions about the MetLife Pediatric Dental Essential Health Benefit Plan, you have the right to get help and information in your language at no cost. To arrange for language assistance services, call (800) 880-1800.

Si usted, o alguien que está ayudando, tiene preguntas sobre MetLife Pediatric Dental Essential Health Benefit Plan (Plan de Beneficios de Salud de MetLife Odontología Pediátrica Esencial), usted tiene el derecho a obtener ayuda e información en su idioma sin costo alguno. Para coordinar los servicios de ayuda con el idioma, llame al (800) 880-1800.

如果您或您提供协助的某人有关于 MetLife Pediatric Dental Essential Health Benefit Plan (大都会人寿小儿牙科基本健康福利计划) 的问题，您有权免费获得以您的母语提供的帮助和信息。要安排语言协助服务，请致电 (800) 880-1800。

Nếu quý vị hoặc ai đó mà quý vị đang giúp đỡ, có thắc mắc về MetLife Pediatric Dental Essential Health Benefit Plan (Chương Trình Phúc Lợi Y Tế Thiết Yếu Nha Khoa Trẻ Em của MetLife), quý vị có quyền nhận miễn phí trợ giúp và thông tin theo ngôn ngữ của quý vị. Để sắp xếp cho các dịch vụ hỗ trợ ngôn ngữ, xin gọi số (800) 880-1800.

귀하 또는 귀하께서 돕고 있는 누군가가 MetLife Pediatric Dental Essential Health Benefit Plan (메트라이프 필수 소아 치과 건강보험)에 관해서 궁금해 한다면, 귀하께서는 귀하의 언어로 무료로 도움과 정보를 제공 받으실 권리가 있습니다. 언어 통역 서비스를 이용하시려면 (800) 880-1800 으로 전화하십시오.

إذا كنت لديك أنت أو الشخص الذي تساعد أي سؤال بخصوص MetLife Pediatric Dental Essential Health Benefit Plan (خطة ميتلايف الأساسية للمزايا الصحية لأسنان الأطفال)، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون أي تكلفة. لترتيب خدمات المساعدة بلغتك، الرجاء الاتصال على الرقم (800) 880-1800.

Si ou, oubyen yon moun w ap ede, genyen kesyon sou MetLife Pediatric Dental Essential Health Benefit Plan (Plan Benefis Sante Dantè Esansyèl Pedyatri MetLife) ou gen dwa resevwa èd ak enfòmasyon nan pwòp lang paw san peye anyen. Pou aranjman asistans sèvis lang, rele (800) 880-1800.

Si vous-même, ou une personne que vous aidez, avez des questions concernant le MetLife Pediatric Dental Essential Health Benefit Plan (Programme de Prévoyance d'Urgence pour la Santé Dentaire des Enfants), vous êtes en droit d'obtenir gratuitement une assistance et ces informations dans votre langue maternelle. Pour contacter les services de traduction, appelez le (800) 880-1800.

Jeśli Ty, lub osoba, której udzielasz pomocy, ma pytania odnośnie planu MetLife Pediatric Dental Essential Health Benefit Plan (Podstawowy plan świadczeń zdrowotnych MetLife obejmujący pomoc pediatryczną i stomatologiczną), przysługuje wam prawo do otrzymania informacji lub pomocy w ojczystym języku bez żadnych kosztów. Aby skorzystać z pomocy językowej, prosimy dzwonić pod nr (800) 880-1800.

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы по поводу MetLife Pediatric Dental Essential Health Benefit Plan (Базовый педиатрический стоматологический медицинский страховой план Метлайф), у Вас есть право получить помощь и информацию на родном языке бесплатно. Для получения услуг языковой помощи позвоните (800) 880-1800.

Kung ikaw o ang tinutulungan mo, ay mayroong mga tanong tungkol sa MetLife Pediatric Dental Essential Health Benefit Plan (Plan ng Mga Benepisyo para sa Mga Mahalagang Bagay sa Kalusugan ng Ngipin na mula sa MetLife), mayroon kang karapatang humingi ng tulong at impormasyon na nasa wika mo at nang wala kang babayaran. Para ayusin ang mga serbisyo para sa tulong sa wika, tumawag sa (800) 880-1800.

Wenn Sie oder jemand, dem Sie helfen, Fragen zum MetLife Pediatric Dental Essential Health Benefit Plan (Allgemeinen Pädiatrisch-zahnärztlichen Krankenversicherungsplan von MetLife) haben, so stehen Ihnen kostenlos Hilfe und Information in Ihrer Sprache zu. Um Sprachunterstützung anzufordern, rufen Sie bitte (800) 880-1800 an.

MetLife 保険の小児歯科エッセンシャルヘルス・ベネフィット・プランに関してご質問がある場合は、お客様の母国語でのサポートを無料で受けることができます。母国語でのサポートを必要となさる場合は、
(800) 880-1800 までお電話くださいますようお願いいたします。

Se você ou alguém a quem você estiver ajudando tiver alguma dúvida sobre o MetLife Pediatric Dental Essential Health Benefit Plan (Plano Essencial de Benefícios Médicos Dentários Pediátricos da MetLife), você tem o direito de obter ajuda e informações no seu idioma, sem nenhum custo. Para providenciar serviços de tradução ligue para (800) 880 - 1800.

اگر شما یا کسی که شما به او کمک می کنید، سوالاتی درباره ی طرح بهره مندی از مزایای بهداشت و سلامت ضروری دندان کودکان MetLife داشته باشید، حق دارید که اطلاعات و کمک مورد نیاز خود را به زبان بومی خود، بدون پرداخت هیچ هزینه ای دریافت کنید. برای ترتیب دادن خدمات مساعدتی زبان، با شماره ی (800) 880-1800 تماس بگیرید.

Se avete domande, o se qualcuno di cui vi occupate ha domande su MetLife Pediatric Dental Essential Health Benefit Plan (Programma Essenziale per la Salute Ortodontica Pediatrica di Metlife), avete il diritto di ottenere assistenza e informazioni nella vostra lingua senza costi aggiuntivi. Per richiedere assistenza in lingua, chiamate (800) 880-1800.