



### Appeal Request Form

You have the right to request an appeal if you are not happy with the action we have taken. If you have any questions, or need help filling out this form, please contact Member Services.

Member Toll Free: 800-516-0165

Provider Toll Free: 800-896-2374

Hearing Impaired: TTY 711

Person filing appeal

Member

Provider

Member Representative

Member Representative name: \_\_\_\_\_

Member Representative phone number: \_\_\_\_\_

Type of appeal would you like to file  Written  In-Person

(if you are the member or the member's representative, you only need to complete the member information below)

Member Name	Provider Name
Member Identification Number	Provider License Number
Telephone Number	National Provider Identifier
Address	Telephone Number
City	Address
State	City
Zip	State
	Zip

Please explain your appeal:

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(use additional sheet(s) as necessary to explain your appeal and desired outcome)

## Appeal Request Form

Please sign to allow DentaQuest to obtain any medical records and/or information needed to research your appeal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return Completed Forms To: **DentaQuest**  
**Attention: Appeals**  
Stratum Executive Center  
11044 Research Blvd  
Building D, Suite D-400  
Austin, TX 78759  
Fax: 800-936-0913  
Call toll free: 800-516-0165

Within 5 days of receiving an appeal request, we will send you a confirmation letter. This letter will describe the appeal process and your rights. A decision will be reached on your appeal within 30 days. Emergency appeals will be completed first, but no later than 72 hours after receipt. The final decision letter will provide the clinical and/or contract term(s) the decision was based on.

If you are not satisfied after you have contacted DentaQuest about providing your services or if you are not satisfied that the information you received is correct, you can also contact:

**Texas Health and Human Services Commission**  
Ombudsman for Managed Care  
P O Box 13247  
Austin, TX 78711-3247  
Toll-free telephone number: 1-866-566-8989 TTY: 711

Website: <https://hhs.texas.gov/about-hhs/your-rights/office-ombudsman/hhs-ombudsman-managed-care-help>  
(for instructions and complaint forms)