



CHILD HEALTH PLAN PLUS (CHP+)

EVIDENCE OF COVERAGE
JULY 2021

DentaQuest 

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Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-307-6561 (State Relay: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-307-6561 (State Relay: 711).
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 1-888-307-6561 (State Relay: 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-307-6561, TTY 711 번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-307-6561 (телетайп: 711).
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-307-6561 (መስማት ለተሳናቸው: 711)።
Arabic	إذا كنت تتحدث العربية، خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل على الرقم 1-888-307-6561 أو على رقم خدمة الهاتف النصي (TTY): 711.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-307-6561 (State Relay: 711).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-307-6561 (ATS : 711).
Nepali	ध्यान दिनुहोस् : तपाइ ्ले नेपाली बोल्नुहुन्छ भने तपाइ ्को निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नु होस् 1-888-307-6561 (टिटेवाइ: 711)।
Taglog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-307-6561 (State Relay: 711).
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。1-888-307-6561 (State Relay: 711) まで、お電話にてご連絡ください。
Cushite/Oromo	XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-307-6561 (State Relay: 711).
Persian/Farsi	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-307-6561 (State Relay: 711) تماس بگیرید.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-307-6561 (State Relay: 711).

Child Health Plan *Plus* (CHP+) Dental Program

Offered by DentaQuest

About this booklet

This booklet details services covered by Child Health Plan *Plus* (CHP+) Dental Program offered by DentaQuest (DentaQuest). If you have questions, please call DentaQuest's customer relations department at 1-888-307-6561, TTY 711 (toll-free) or email us through the member portal at memberaccess.dentaquest.com.

If you are deaf or hearing impaired, please call Relay Colorado at TTY 711.

About This Evidence of Coverage (EOC)

This EOC outlines member's dental benefits coverage. Please read it carefully. If you need more information, please call our customer relations department at 1-888-307-6561, TTY 711 (toll-free), Monday through Friday, 8 a.m. to 5 p.m. Mountain Time.

If any dispute arises in respect of any difference between the English version and the Spanish version of this booklet, the English version will prevail.

Cualquier desacuerdo entre la traducción del librito de beneficios de CHP+, estará resuelto por la edición del idioma Inglés que tiene precedencia.

Effective July 1, 2019



REGISTER ON THE DENTAQUEST MEMBER PORTAL TODAY

MemberAccess.DentaQuest.com

It's easy to manage your dental coverage at our website:

- View and print your ID card
- Change your main dentist
- View your CHP+ dental program benefits
- Find a provider

GET SIGNED UP TODAY!

You will need

- **First and last name**
- **Date of birth**
- **CHP+ ID number**
- **Email address** - this will be your username when you finish registering

Member's Dental Plan Benefits

Benefit Summary

DentaQuest offers pregnant women and children benefits for the state's Child Health Plan *Plus* (CHP+) Dental Program. Below is a summary of the benefits they can receive (subject to specific procedures and limitations).

- Diagnostic Services (annual exam and X-rays)
- Preventive Services (annual cleaning, fluoride, and sealants)
- Basic Restorative Services (fillings and stainless steel crowns)
- Oral Surgery Services (extractions)
- Endodontic Services (root canal)
- Periodontic Services
- Major Services

Child Health Plan *Plus* for Pregnant Women

How long does CHP+ Prenatal Care Program coverage last?

For pregnant women, coverage begins the date the application is received at the CHP+ office, an Application Assistance Site, or a county office and lasts for 60 days after the last day of the month when your pregnancy ended. For example, if you give birth on June 26th, your coverage will last until August 30th.

Do I need to see a dentist when I am pregnant?

Yes, it is important to take good care of your mouth during pregnancy. Needed dental care can be provided safely during pregnancy. Pregnant women should see a dentist at least one time during their pregnancy.

How to use the CHP+ Dental Program

Benefits for the CHP+ Dental Program are available only when services are provided by a dentist listed in the DentaQuest Participating Dentist directory. This is the directory that you were

given when you enrolled member. The participating status of a dentist can change at any time. Prior to receiving services, always verify that the dentist continues to participate with DentaQuest. Dentists who have agreed to participate with DentaQuest will collect only those coinsurance payments listed (see the Coinsurance and Procedure Code List that appears below). You will not be charged more than this coinsurance unless the procedure performed on the member is not listed on the Coinsurance and Procedure Code List. You will be responsible for paying the dentist their full fee for that procedure.

Important Notice: If the member is treated by a dentist who is not listed in the directory that DentaQuest provided for CHP+ Dental Program members, NO benefits will be paid by DentaQuest and you will be responsible for the entire fee charged by the dentist.

Dentists who participate with DentaQuest will file the member's claim form. You should complete the top section of the claim form and sign the form for the member. This will authorize release of member's information to DentaQuest. Once the claim is processed, an Explanation of Benefits (EOB) is sent to you. The EOB indicates how much the dentist was paid and the amount that was deducted from the member's calendar-year maximum benefit.

DentaQuest will not be obligated to pay claims submitted more than 12 months after the date the service was provided.

Pre-treatment Estimate

If the member needs extensive dental services that may exceed member's calendar-year maximum of \$1,000, ask your dentist to submit a treatment plan to DentaQuest for review before any work is actually done. Pre-treatment estimates of benefits allow both you and your dentist to know exactly what is covered under the CHP+ Dental Program and what DentaQuest will pay. There is no additional charge for having a pre-treatment estimate done.

Your Dental Home

As a CHP+ member, you have a Dental Home. A Dental Home is to where you go to see a dentist every six months. This dentist will provide any needed oral health care for you.

Your Dental Home will work with you so you can stay healthy. It is important to go back to the same Dental Home for each appointment.

Your Dental Home will provide:

- Complete dental care
- A dental health plan designed for you
- Guidance about diet and growth
- Information on how to correctly care for your teeth

Healthy teeth and gums are an important part of overall health. For a healthier life have regular checkups - every six months. Children should see the dentist starting at age one.

So don't wait! Call your Dental Home and make an appointment today.

Calendar Year Maximum Benefit, Lifetime Maximum Benefit, Deductible, and Benefit Period

Calendar Year Maximum Benefit

The member may receive up to \$1,000 of covered dental benefits in each calendar year (benefit period) for the covered services listed in the Procedure Code List.

Lifetime Maximum Benefit

The member may receive up to \$1,500 of covered dental benefits once in a lifetime for the covered orthodontic services listed in the Procedure Code List.

Deductible

You are not responsible to pay a deductible under this program.

Benefit Period

The member's enrollment year is often called the "benefit period." The benefit period is the period of time between the start date of the member's coverage and the expiration date. In some cases the member may receive less than 12 months coverage.

Coinsurance and Procedure Code List

What is your Coinsurance?

If you're a pregnant woman, you do not have coinsurance.

Your coinsurance is a small fee you pay for member's dental services. Some dental services or benefits do not require a coinsurance. If member has a coinsurance, the amount appears below in the Coinsurance and Procedure Code List.

The specific dental services that are covered benefits of the CHP+ Dental Program appear in the following Coinsurance and Procedure Code List. The coinsurance listed is the amount that you are responsible for paying to the dentist for member's treatment. If the procedure performed on member requires a coinsurance, that coinsurance is the maximum amount that you are responsible to pay, unless member reaches the \$1,000 calendar-year maximum benefit.

Some dental services are not covered benefits of the CHP+ Dental Program. You are responsible to pay the dentist his/her full fee for any treatment that member's dentist performs if the treatment or procedure is not on the list that follows. For more about CHP+ Dental Program exclusions, please refer to the Limitations and Exclusions section of this Evidence of Coverage booklet or call customer relations at 1-888-307-6561, TTY 711 (toll-free).

Your CHP+ dental insurance will cover most basic dental services, including:

- Your CO CHP Program will cover most basic preventive services such as cleanings, exams, sealants, x-rays and fluoride.
- Restorative services such as most fillings, crowns, and extractions as long as they are determined medically necessary.
- There is a very limited orthodontic benefit if your child meets the medically necessary criteria. Cosmetic orthodontia is not a covered benefit.
- Some other dental services are covered. Your dental provider has a list of what specific services are covered. This list is also available here: <https://dentaquest.com/state-plans/regions/colorado/colorado-chp/colorado-chp-provider-page/>

Major Procedures Limitations

1. **Have your dentist complete a pre-treatment estimate form for a third molar extraction to determine if it will be covered.**
Prophylactic removal of third molars is not a covered benefit. Removal because of malocclusion or orthodontic reasons is not covered. The removal of third molars for active caries that renders the tooth unrestorable and/or involves the pulp may be covered with prior approval. Third molar removal may be covered with prior written approval for active periodontal infections that cannot be treated in another manner. Third molars fully impacted in bone are not covered for removal. Partial bony impactions and soft tissue impactions may be covered with prior approval if the tooth and/or supporting structures are involved with active disease such as an acute periodontal infection. Second opinions may be required as part of the approval process prior to treatment. If emergency removal of a third molar is needed, radiographs and/or documentation of the pathological condition causing the emergent situation may be required prior to payment.
2. Orthodontics are covered only when medically necessary due to needed orthognathic surgery or when necessary to restore oral structures to healthy function. Treatment must be pre-authorized by contractor. Eligible members are age 19 or younger with 12 months continuous eligibility.

Exclusions

The following charges are not covered under any portion of the CHP+ Dental Program:

1. Any covered service started during any period when member was not eligible for such service under the CHP+ Dental Program.
2. Services for treatment of congenital (present at birth) or developmental (following birth) malformations, except intraoral dental services for treatment of a condition that is related to or developed as a result of cleft lip and/or cleft palate, unless otherwise included as a covered procedure of the CHP+ Dental Program.

3. Services for cosmetic reasons, including pediatric partial dentures.
4. Services for restoring tooth structure lost from wear or for any services related to protecting, altering, correcting, stabilizing, rebuilding, or maintaining teeth due to improper alignment, occlusion or contour, or for splinting or stabilization of teeth.
5. Pre-medication, analgesia, hypnosis, or any other patient management services.
6. Experimental procedures or any procedures other than those covered services for which the prognosis is good. Any procedures done in anticipation of future need (except covered preventive services).
7. Hospital costs and any additional fees charged by the dentist or hospital for hospital services, visits, or charges for use of any facility.
8. General anesthesia, intravenous sedation, or analgesia.
9. Prescription drugs.
10. Services for the treatment of any disturbances of the temporomandibular joint (jaw joint), facial pain, or any related conditions.
11. Services not performed in accordance with the laws of the state of Colorado, services performed by any person other than a person authorized by license to perform such services, or services performed to treat any condition other than an oral or dental disease, malformation, abnormality, or condition.
12. Oral hygiene instructions or dietary instructions.
13. Completion of forms, providing diagnostic information or records, or duplication of X-rays or other records.
14. Services for which payment is prohibited by any law of the jurisdiction in which the eligible person resides at the time the expenses are incurred.

Here is a link to the state agency that administers the CHP+ program and may offer additional services: <https://hcpf.colorado.gov/our-members>

Dental Emergency Care

Dental Emergency Care means dental services that are required for alleviation of severe pain or for immediate diagnosis and treatment of unforeseen conditions, which, if not immediately diagnosed and treated, would lead to serious impairment of member's dental health.

In the event that member has a dental emergency while s/he is out of the state of Colorado, this program will pay dental expenses. DentaQuest will pay dental expenses incurred for each eligible member. For a dental emergency within the state, you should call a dentist who is listed in the participating dentist directory that DentaQuest provided to you at the time of enrollment. A prior authorization (PAR) is not required for emergency services. The member has the right to seek services from any dental or emergency provider to obtain emergency care if needed.

Out-of-Pocket Limit

The CHP+ program does not allow a family to spend more than five percent (5%) of the family's adjusted gross income per year for the sum of the family's annual enrollment fees and coinsurance payments combined. You are responsible for keeping track of all the money you spend for member's covered dental services delivered through DentaQuest. Your out-of-pocket limit is five percent (5%) of your family's adjusted gross income.

You must save coinsurance receipts for all covered medical care, covered dental care, and covered prescription medications. If you reach the maximum allowable coinsurance and notify the CHP+ program, you will be provided with a sticker to be attached to your DentaQuest ID card. This sticker will notify any dentist to waive the coinsurance for you for the remainder of the benefit period. DentaQuest will pay the required coinsurance for you if you have reached the maximum allowable coinsurance amount, have notified CHP+ program, and have a special sticker attached to your DentaQuest ID card.

If you reach your out-of-pocket limit for money you have spent on covered health care for all member's, please send a letter notifying the central Child Health Plan *Plus* administration of your need for

reimbursement and stickers for member's cards. You will need to send copies of your receipts for your out-of-pocket expenditures with your letter. Do not send this notification to DentaQuest. It should be sent to:

CHP+ Out of Pocket Limit

PO Box 929

Denver, CO 80201-0929

State's CHP+ Dental Program

1-800-359-1991 (toll-free)

How to Appeal a Denied Claim

You have the right to appeal any adverse determination made on a claim, whether in whole or in part. We recommend your appeal request be submitted in writing and must be within 60 days of the date of the original Explanation of Benefits (EOB) to:

DentaQuest

Appeals

PO Box 2906

Milwaukee, WI 53201

A covered person may submit additional documentation in support of the appeal.

You, member's dentist, or someone you want to represent you can call customer relations at **1-888-307-6561, TTY 711 (toll-free)** or write to DentaQuest at the address listed above to request an appeal. Please tell us in writing if you will have someone else to represent you and include the person's name, address, and phone number. If you would like any of member's dental records, you or a legal guardian must give written permission to member's dentist.

Your CHP+ Dental Program coverage will not change if you file an appeal. DentaQuest cannot take away your CHP+ Dental Program benefits because you file an appeal.

How to Request a State Fair Hearing

A State Fair Hearing means that a State Administrative Law Judge (ALJ) will review DentaQuest's decision or action. You may request a State Fair Hearing only after receiving an appeal notice that DentaQuest is upholding the adverse benefit determination. You may represent yourself, or have a Designated Client Representative (DCR) represent you. A DCR can be a lawyer, a relative, a friend or other spokesperson to assist you as your authorized representative. The Administrative Law Judge (ALJ) will review DentaQuest's decision or action. The final agency decision will be rendered. This decision is final. Please send your written request to the address below.

How to submit an ALJ Appeal:

1. You must ask for a hearing in writing. This is called a State Fair Hearing.
2. Your State Fair Hearing Request must include:
 - a. Your name, address, phone number and State ID;
 - b. Why you want a hearing; and
 - c. A copy of the notice of action you are appealing.
3. You may ask for a telephone hearing rather than appear in person.
4. Mail or fax your letter of appeals to:

Office of Administrative Courts
1525 Sherman Street, 4th Floor
Denver, CO 80203
Phone: 1-303-866-5626
Fax: 1-303-866-5909

5. Your State Fair Hearing Request must be received by the Office of Administrative Courts no later than one hundred twenty (120) calendar days from the date of the notice of appeal resolution. The date of the notice of action is located on the front of this notice.
6. The Office of Administrative Courts will contact you by mail with the date, time and place for your hearing with the Administrative Law Judge.

If you are currently receiving services, you may continue receiving services while you are waiting for a final decision on your appeal. If your benefits continue during the appeal or State Fair Hearing process, the member may be required to pay the cost of services while the appeal or State Fair Hearing is pending if the final decision is adverse to the member. To continue receiving the denied services listed on the notice without interruption, you must ask in your letter of appeal that services be continued.

Expedited Hearings

If you think waiting for a hearing will seriously risk your life or health, you can ask for an expedited (faster) hearing.

To request an expedited hearing:

1. Write the Letter of Appeal using the instructions above for how to appeal.
2. Include in your Letter of Appeal:
 - a. Your request for an expedited hearing.
 - b. Explain how and why your life, health, or ability to regain, attain or maintain maximum function would be at serious risk if you do not have an expedited (faster) appeal.
 - c. Provide additional information to help explain why you need an expedited appeal.

You will be contacted by phone to set up a hearing date and time if your request for an expedited hearing is approved. If your expedited hearing is denied, you will be notified in writing. You will still be able to have a non-expedited hearing.

Identification Card

Member's identification card has very important information about member's dental care coverage. The card lets the dentist know if you have a coinsurance and where to send the claims for payment. To help make this possible, you must:

- Carry this card with you at all times.

- Show this card every time member sees the dentist.

You will receive member's ID card soon after your enrollment with DentaQuest. If you do not receive member's ID card or the information on the card is not correct, please call our customer relations department at 1-888-307-6561, TTY 711 (toll-free).

If You Receive a Bill

You may be billed if member received a service that is not listed in the Coinsurance and Procedure Code List as a covered benefit of the CHP+ Dental Program.

Sometimes member's dentist may not realize that member is a member of CHP+ Dental Program. To avoid receiving a bill, you must show member's CHP+ Dental Program ID card every time member receives dental services.

If You Get a Bill, There are Several Important Steps You Should Take:

- Check the date of service on the bill.
- If member received services while enrolled in the CHP+ Dental Program, call the dentist's billing office and tell them the bills should be sent to DentaQuest. Our address for dental claims is:

DentaQuest
Claims
PO Box 2906
Milwaukee, WI 53201

If member was not a member of the state's CHP+ Dental Program when services were received, or you agreed to treatment that is not listed as a covered service, you may be responsible for the bill.

It is very important to call the dentist's billing office at the number on the bill as soon as you get it. In most cases, they may not realize that member had insurance and they will be glad to hear from you to make sure they are billing correctly. If you continue to receive dental bills and you are unable to get help from the dentist's billing office, call our

customer relations department at
1-888-307-6561, TTY 711 (toll-free).

When Would You Have to Pay for Member's Care?

There are some times when you might have to pay for member's dental care. You may have to pay if:

- Member is treated by a dentist who is not listed in the DentaQuest Participating Dentist directory.
 - If you agreed to a treatment procedure that is not listed as a covered service in the Coinsurance and Procedure Code List.
-

Your Rights and Responsibilities

You and member have rights that are very important. As a parent, you also have a role to play in helping us make sure these rights are honored and respected.

Member Rights

As a member of the CHP+ Dental Program, you are entitled to the following rights:

- The right to be treated with respect and with the recognition of personal dignity and the need for privacy.
- The right to participate with dentists in decision-making regarding member's dental care.
- The right to candid discussion of appropriate or necessary dental treatment options for member's condition, regardless of cost or benefit coverage.
- The right to refuse recommended dental treatment or procedures.
- The right to confidentiality of information concerning member's dental health and treatment.
- The right to voice complaints or appeals about the CHP+ Dental Program or the care provided.

- The right to offer suggestions for changes in the CHP+ Dental Program's quality improvement policies and procedures.
- The right to information about the CHP+ Dental Program, its services, the dentists providing care, and the rights and responsibilities of members.
- The right to fair and equal treatment without regard to race, color, national origin, age, gender, creed, religion, sexual orientation, or disability.

Member Responsibilities

As a member of the CHP+ Dental Program, you have the following responsibilities:

- The responsibility to follow instructions and guidelines given by those providing dental services.
- The responsibility to provide complete health status information needed by member's dentist in order to care for member.
- The responsibility to keep appointments for care and to give required notice when canceling.
- The responsibility to pay the applicable coinsurance at the time services are rendered.
- The responsibility to read and understand all materials concerning member's dental coverage and to share this information with member's dentist.
- The responsibility to treat member's dentist and staff with respect and recognition of personal dignity.

Complaints

What to Do if You Have a Complaint

Our customer relations department is able to answer or help you with most of your questions and problems while you are on the telephone. You have the option to write a detailed letter explaining the situation to DentaQuest. Mail the letter to the following address:

DentaQuest
Complaints and Grievances
PO Box 2906
Milwaukee, WI 53201

What is a Complaint?

A complaint means you have a problem. Examples of these include:

- The dental office asks you to pay a coinsurance amount that is not listed on the Coinsurance and Procedure Code List.
- A dentist that DentaQuest listed in the DentaQuest Participating Dentist directory refuses to cooperate with the CHP+ Dental program.

Important Phone Numbers

DentaQuest
1-888-307-6561, TTY 711 (toll-free)
State's CHP+ Dental Program
1-800-359-1991, TTY 711 (toll-free)
Ombudsman
303-744-7667
1-877-435-7123, TTY 711 (toll-free)

Nondiscrimination Notice

DentaQuest complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DentaQuest does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

DentaQuest:

- The Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call customer service at 1-888-307-6561, TTY 711.

If you believe that DentaQuest has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
Compliance Department
465 Medford Street
Boston, MA 02159
Fax: 1-617-886-1390
Phone: 1-617-886-1683, TTY 711
Email: FairTreatment@greatdentalplans.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

You can file a complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Notice of Privacy Practices

At DentaQuest we care about your privacy as much as you do. You can also find your privacy rights on how medical information about you may be used and disclosed and how you can get access to this information. Privacy practices are available at <https://dentaquest.com/privacy-and-security/>



**11100 W. Liberty Drive
Milwaukee, WI 53224**

Inventory number: DQ1457 (6.21) HB/EN