

Federal Government Programs

Provider Dispute Form

Delta Dental assures participating providers the right to initiate a dispute and all disputes are acknowledged, researched and monitored through final resolution.

Provider requests for Delta Dental to investigate disputes must be submitted in writing to the address below. Document the details of the dispute on the reverse side of this form and specify the desired outcome. Include a copy of all records, documents, billing statements, etc., to support the dispute. An acknowledgment letter will be sent out within five business days upon receipt of this form. Upon receipt and throughout the review process, continual correspondence will be provided with all applicable parties to include interim responses and final resolution.

Delta Dental of California
Federal Government Programs
P.O. Box 537015
Sacramento, CA 95853-7015

REQUIRED INFORMATION

Provider Information: Are you a Legion Network Provider: **Yes** **No**

Name: _____

License Number: _____ State: _____ Specialty Type: _____

Office Location: _____

City: _____ State: _____ Zip: _____

Telephone Number () _____ Fax () _____ Email Address: _____

Type of Dispute:

Agreement Issues Provider Fees Policy Code Claim Processing Other

NATURE OF DISPUTE

Provide the specific details of your dispute. Attach additional paper if necessary.



I understand the importance of providing information as completely and accurately as I can and that failure to do so may delay or even prevent further consideration of a resolution on my dispute.

Signature: _____ Date: _____