



# MEDICARE ADVANTAGE APPEAL FORM

PLEASE PRINT OR TYPE ALL INFORMATION

You, your personal representative or dentist on your behalf or one of our representatives on your behalf can complete this form if you need assistance. The purpose of the form is to request an appeal of an adverse benefit determination by Delta Dental.

### Enrollee's Information

ID #: \_\_\_\_\_ Enrollee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Requestor's Information:** if you are requesting an appeal on behalf of the enrollee, a Personal Representative Appointment and Authorization to Release Protected Health Information Form must be completed and either be submitted with this form or on file with Delta Dental of Iowa. An enrollee may appoint only one authorized representative at a time. To obtain a form call us at 1-833-721-2892 or go IowaDentalMA.com

**This appeal is being requested by: Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Relationship to Enrollee:** \_\_\_\_\_

### Claim Information (found on the Explanation of Benefit statement)

Date of Service(s) \_\_\_\_\_

Claim Number (s) \_\_\_\_\_

Dental Provider Name \_\_\_\_\_

Date of Denial \_\_\_\_\_

Please provide an explanation of your appeal and attach any and all additional documentation that may assist us in our review. Include what action you would like to see taken and use a separate sheet of a paper if additional space is needed. **This appeal must be filed within 60 days of the date on the Explanation of Benefit statement.** You will receive a written response to your request within the time frame required by law.

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Signature of Enrollee or Personal Representative

Date

**Mail to:**  
Delta Dental of Iowa  
Attn: MA Appeals and  
Grievances  
P.O. Box 9040  
Johnston, IA 50131

**You can also Fax or Email your completed form to:**  
**Fax:** 1-888-264-0195  
**Email:** mamembers@deltadentalia.com

# 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](http://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 1-888-472-2793, hearing impaired (TYT) 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 1-888-472-2793.

### Arabic –

يحيوي هذا الإشعار معلومات هامة. يحوي هذا الإشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلال Delta Dental of Iowa. ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ 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 1-888-472-2793.

**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 1-888-472-2793。

**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 1-888-472-2793.

**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 1-888-472-2793.

**Hindi – इस नोटिस में महत्वपूर्ण जानकारी है।** इस नोटिस में आपके आवेदन या Delta Dental of Iowa के माध्यम से बीमे के बारे में महत्वपूर्ण जानकारी शामिल है। इस नोटिस में मुख्य तारीखें देखें। अपना स्वास्थ्य बीमा बनाए रखने या लागतों में मदद के लिए आपको कुछ निश्चित समय-सीमाओं तक कार्यवाई करने की ज़रूरत हो सकती है। आपको कोई कीमत दिए बिना यह जानकारी और सहायता अपनी भाषा में प्राप्त करने का अधिकार है। 1-888-472-2793 पर कॉल करें।

**Karen – တာ်ကွဲးနိဉ်အဝဲအံးနိဉ်အိဉ်ဒီးတာ်ဂု်တာ်ကျိလောအရူဒိဉ်**  
တဖဉ်နိဉ်လိာ်. တာ်ကွဲးနိဉ်အဝဲအံးအိဉ်ဒီးတာ်ဂု်တာ်ကျိလော  
အရူဒိဉ်ဘဉ်ယးဒီးနလံာ်ဝတံထိဉ် မ့တမ့ာ် တာ်ကျာ်ဘာ်ခိဉ် Delta Dental of Iowa နနိဉ်လိာ်. ယုကွာ်မုာ်နံးမုာ်သိအိဉ်သုဉ်လောတာ်ကွဲးနိဉ်အံးတကွာ်. ဘဉ်သုဉ်သုဉ်နကဘဉ်ပံးနုာ်မုာ်လောမုာ်နံးမုာ်သိလောတာ်ဆာ်တံာ်လံာ်လောနကတံာ်လံာ်နတံာ်အိဉ်အုဉ်အိဉ်ဂု်တာ်ကျာ်ဘာ် မ့တမ့ာ် တာ်မၤစၤလောနကဘဉ်ဟ့ဉ်အပူၤနနိဉ်လိာ်. နအိဉ်ဒီးတာ်ခွဲးတာ်လံာ်လောနကဒီးနုာ်ဘဉ်တာ်မၤစၤဒီးတာ်ဂု်တာ်ကျိလောနကျိဉ်ဒဉ်နဲလောတလိဉ်ဟ့ဉ်အပူၤဘဉ်နနိဉ်လိာ်. ကိး 1-888-472-2793 တကွာ်.

**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. 귀하의 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 1-888-472-2793로 전화하십시오.

**Laotian – ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນສໍາຄັນ.** ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການສະໜັກ ຫຼື ການຄຸ້ມຄອງ ງ່າຍໆ ໂດຍຜ່ານ Delta Dental of Iowa. ເບິ່ງກຳນົດການໃນແຈ້ງການສະບັບນີ້, ເບິ່ງກຳນົດການໃນແຈ້ງການສະບັບນີ້ ຍກຳນົດເວລາທີ່ແນ່ນອນ ເພື່ອຮັກສາການຄຸ້ມຄອງສະເພາະຂອງທ່ານຫຼືການຊ່ວຍເຫຼືອທີ່ມີຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດທີ່ຈະໄດ້ຮັບຂໍ້ມູນຂ່າວສານນີ້ແຈ້ງການຊ່ວຍເຫຼືອ ອິນພາສາຂອງທ່ານໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ໂທ 1-888-472-2793.

### Pennsylvania Dutch – Die Bekanntmachung gebt wichdichi Auskunft.

Die Bekanntmachung 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 beschtimme Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Rech fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschet nix. Ruf yuscht selli Nummer uff: 1-888-472-2793.

**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 1-888-472-2793.

**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 određene 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 1-888-472-2793.

**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 1-888-472-2793.

**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 habkbang 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 1-888-472-2793.

**Thai – ประกาศนี้มีข้อมูลสำคัญ** ประกาศนี้มีข้อมูลที่สำคัญเกี่ยวกับการสมัครหรือขอขอบเขตประกันสุขภาพของคุณผ่าน Delta Dental of Iowa ดูกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 1-888-472-2793.

**Vietnamese – Thông báo này cung cấp thông tin quan trọng.** Thông báo này có thông tin quan trọng bản về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Delta Dental of Iowa. Xin xem ngay 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 giúp 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 1-888-472-2793.