

FRAUD OR ABUSE COMPLAINT FORM

If you suspect any form of dental fraud or abuse and would like to file a complaint, please fill out the form below. Please send the completed form to the address listed below or by facsimile or to our email address. When completing the form, fill out as much information as possible, including name and contact information for follow-up. Contact information is not mandatory so you may remain anonymous if you choose. If you have any further questions/concerns, please call toll free 800-524-0147.

PERSON MAKING THE COMPLAINT: Beneficiary _____ Individual _____ Dentist _____

Contact Name: _____

Contact Phone Number: _____

Email Address: _____

Employer/Group Name: _____

PROVIDER OR BENEFICIARY SUSPECTED OF FRAUD/ABUSE:

Beneficiary _____ Dentist _____ Dental Office _____ Other _____

Individual Name: _____

Business Name: _____

Address: _____

City, State: _____

Relationship to complainant: _____

DESCRIPTION OF THE SUSPECTED FRAUD/ABUSE:

Date of Incident: _____ Police Report Filed? Yes _____ No _____

Please list details of the complaint. You can also include supporting information such as an Explanation of Benefits.

Address: Focused Review
Delta Dental Plan
P.O. Box 30416
Lansing, MI 48909
Facsimile: 517-381-5527 or **Telephone:** 800-524-0147
Email: FocusedReview@DeltaDentalNC.com