



Grievance Form - DTF Staff

United Concordia makes every effort to ensure quality dental care is provided by employing continuous quality-assurance measures. Benefits are only paid for dental services that meet acceptable standards. If a dental visit did not meet expectations, a grievance can be filed against the dentist or dental office by filling out this form.

Date: _____

Treating Dentist Information

Name of Dentist or Dental Office: _____ Dentist Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Patient Information

Name/Rank: _____ Phone: _____

DART Referral Number(s) (required): _____ SSN (last 4 digits): _____

Treatment Date(s): _____

Procedure(s) Performed: _____

Military Dental Treatment Facility (DTF) Information

DTF Name/Number: _____

DTF Address: _____

Requesting Military Dentist's Name: _____ DTF Point of Contact Phone: _____

DTF Point of Contact Email: _____ DTF Point of Contact Fax: _____

To allow United Concordia to provide feedback to the OIC or Clinic Commander, please complete the section below.

DTF Commander's Name: _____

DTF Commander's Address: _____
(complete only if different from DTF address)

Requesting Military Dentist Signature _____

Quality Concern/Grievance
(Required)

Has the treating dentist been given the opportunity to resolve the issue? (Circle one) Yes No

If so, has the issue been resolved? (Circle one) Yes No

DTF Clinical Examination Results
(Required)

Note: A current, standard-sized X-ray (#2 PA, #2BW, FMX or Panorex) must be included with the DTF clinical exam results, when appropriate, to demonstrate the quality concern.