



The New Jersey Dental Association (NJDA) along with ten other state associations, is participating in an American Dental Association (ADA) pilot project on Third Party Problem Resolution. The ADA program is patterned after the successful Third Party Encounter Form which will be used by all of the participating states for the sake of consistency. Results of the pilot project will be used to assess the feasibility of ADA compiling third party information on a national basis.

If you have exhausted all available avenues in attempting to resolve a problem directly with a third party payer, we ask that you complete the attached **COMPLAINT RESOLUTION FORM**, *including copies of correspondence or other documents related to the complaint* and return it to the NJDA Council on Dental Care Programs. If the problem has been resolved, you should complete the form, check the box indicating "No Action Requested" and this information will be included in the data box.

If your complaint involves a particular patient's claim, it is critical to have the patient's support and cooperation in resolving the claim. By obtaining the patient's signature, you can be sure you have your patient's support, and the patient will have a better understanding of your efforts on his/her behalf.

Confidentiality laws in many states prohibit the release of patient information to a third party without the patient's express, written authorization. You are advised to obtain the patient's written authorization to release any information from which the patient could be identified, including but not limited to charts, x-rays and other records of the patient's treatment, to the State Insurance Commissioner, the ADA and the NJDA. The ADA and the NJDA disclaim any legal responsibility for the dentist's failure to obtain an authorization by law.

We also ask that you advise your patient to register a complaint with the Consumer Services Section of the New Jersey Department of Banking and Insurance. The address is:

**New Jersey Department of Banking and Insurance
Consumer Complaints
P.O. Box 329
Trenton, New Jersey 08625-0329**

CLAIM RESOLUTION PROGRAM

New Jersey Dental Association

One Dental Plaza

P.O. Box 6020

North Brunswick, NJ 08902

Desire Assistance _____ No Action Required _____

DENTIST INFORMATION

Last Name: _____ First: _____ M.I.: _____

ADA Member #: _____ Specialty: _____ Phone: _____

Your Component Dental Society: _____

INSURED INFORMATION - SUBSCRIBER

Last Name: _____ First: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Original Claim: _____ Social Security #: _____ Phone: _____

PATIENT – (If Different from Subscriber)

Last Name: _____ First: _____ M.I.: _____

Relationship to Subscriber: Self (1) _____ Spouse (2) _____ Child (3) _____ Other (4) _____

I hereby authorize release of any information relating to this claim, including but not limited to charts, x-rays, and other records of my treatment, to any appropriate agency, the American Dental Association, and any of its constituent or component dental societies.

Patient's Signature (Parent, If Minor)

Date

EMPLOYER INFORMATION

Name: _____

(Please complete the following information if known)

Address: _____

City: _____ State: _____ Zip Code: _____

Plan Type (Medical, Dental, PIP, etc.): _____

THIRD PARTY INFORMATION

Name of Insurance Company

Address: _____

City: _____ State: _____ Zip Code: _____

Nature of Complaint – Please check all categories that apply

____ AOB=Assignment of Benefits

____ BND=Bundling

____ COB=Coordination of Benefits

____ DCR=Dentist Consultant Review

____ DEC=Denial of Claim

____ DLR=Delay/Lack of Response

____ EOB=Explanation of Benefits

____ LMC=Lost/Misplaced Claim

____ LMR=Lost/Misplaced Radiographs

____ REF=Refund Request

____ TOR=Treatment of Relative

____ UCC=Unauthorized ADA Code Change

____ UCR=UCR Fee Dispute

____ UNR=Unqualified Claim Review

____ OTH=Other _____