Premier Access Insurance Company
8890 Cal Center Drive Sacramento,
CA 95826
PHN: (844)561-5600
FAX: 866.379.3247
Dentalexchange.guardianlife.com

GRIEVANCE FORM

(Use this form to request review of an action by Premier affecting your benefits.)

Group Number:

Reason for grievance:

- ❑ Amount of payment for Covered Services
- ❑ Denial of authorization for services
- ❑ Amount of premium billed
- ❑ Other (Specify: _____)
- ❑ Eligibility for COBRA
- ❑ Waiver of waiting period
- ❑ Quality of dental services received

Subscriber (Employee) Information:

Identification Number _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

E-mail Address: _____

Grievant Information (if different from subscriber):

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____

Explanation of Grievance (attach additional pages, if needed, and any other documentation):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____ ***Date:*** _____

* *All references to "Premier" herein refer to Premier Access Insurance Company*