

Dental Plan Complaint Form



Send completed forms to:

Integrity Administrators, Inc.
P.O. Box 13128
Sacramento, CA 95813-3128
Phone: 800-562-9383
Fax: 916-921-3383

Navy Yard Association of Mare Island
P.O. Box 849
Vallejo, CA
94590
Phone: 707-562-1812
Fax: 707-562-1812
www.mareislandnya.com

Date:

New Complaint Existing Complaint

Insured's Name:

E-mail:

Phone:

Cell Phone:

Complaint is regarding:

Pre-Paid Blue Shield

Patient's Name:

Service Provider:
(Dentist or Practice Name)

How to contact you

E-mail
 Phone
 Cell Phone

Best Time to Contact you:

Describe the problem in detail. Use the back of the form if additional space is needed.

Internal Use Only

Handled By	Hrs.	Date