

For Office Use Only

Claim #: _____

Request for Dental Peer Review

Upon Receipt of this completed form, a facilitator will be assigned and will contact you within twenty (20) days to discuss your request and help resolve the issue. **While a monetary resolution is one of the options that may be discussed during the Peer Review process, a request for a refund or monetary award may not be made in writing (in any format including email) or submitted on this form.** Failure to comply will invalidate your request.

Please send this form to:

CSDA Executive Director's Office
835 West Queen Street
Southington, CT 06489

Patient Information

Date: _____

Name: _____

Address: _____

City, State, and Zip Code: _____

Phone#: _____

Name of Dentist

Name: _____

Address: _____

City, State, and Zip Code: _____

Phone#: _____

Date of Last Appointment: _____

Problem Description

Please describe the problem(s) specific to the dental treatment received:

Problem Description (Continued):

In order that a complete review be performed, I have completed and signed the enclosed Authorization(s) to release to this committee any dental records or information by anyone who has examined me. I further give my permission for the committee to perform a clinical examination if necessary.

No Yes

The following is a phone number and the best time of day when the facilitator will be able to contact me.

Day Phone: () _____ Time: _____
Night Phone: () _____ Time: _____

I understand that if I have any questions, I may contact the Connecticut State Dental Association at (860) 378-1800. I acknowledge by my signature below that while I may talk to the facilitator about a variety of options for resolving this dispute, including the possibility of a refund or monetary compensation, I may not submit any written request (including via email) for monetary compensation to the facilitator or other peer review representatives at any time during this process. I also acknowledge that the CSDA and their local component societies reserve the right to discontinue the peer review process if this occurs.

(Signature)