



Right of Appeal

If you have questions about your claim, please contact TruAssure's Customer Service department at the telephone number listed on your EOB. Because most questions about benefits can be answered informally, we encourage you first to try resolving any problem by talking with us. Of course, you have the right to file an appeal requesting that we formally review our claim decision, without making an informal inquiry.

You have the right to file an appeal by telephone, in person, by mail, or by fax or email within 180 days from the date you receive this form. To file an appeal, you can send a written request by mail to: Re-evaluation Committee, TruAssure Insurance Company, 111 Shuman Boulevard, Naperville, IL 60563. You may also send your appeal by fax 630-718-4982 or by email at csi@truassure.com. If you have any additional documents, records, or other information in support of your appeal, or if you want to submit written comments, you have the opportunity to do so. They should accompany your request. Be sure to include the patient name, subscriber name, and the subscriber identification number on all documents.

You also have the right to an expedited appeal in certain circumstances. Call our customer/member services number at 888-559-0779 to get more information or to request a full copy of our Claims Appeals Procedures, or you can find these procedures on our website at: <https://www.truassure.com/forms>

TruAssure will provide a written decision on your appeal within 30 days. If your group dental plan is subject to the federal law known as the Employee Retirement Income Security Act ("ERISA"), you will have the right to bring a civil action under section 502(a) of ERISA should TruAssure make adverse benefit determination on appeal.

You have the right to contact the Massachusetts Office of Patient Protection at for assistance at any time at 1-800-436-7757.