



Right of Appeal

If you have questions about your claim, please contact Mutual of Omaha's Customer Service department at 1-800-775-1000. 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.

To file an appeal, you must send a written request within 180 days from the date you receive this form to: Mutual of Omaha Insurance Company, Attention: Reevaluation Committee, 111 Shuman Boulevard, Naperville, IL 60563. 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 written request. Be sure to include the patient name, insured's name, and the insured's identification number on all documents.

You also have the right to an expedited appeal in certain circumstances. Call our customer services number at 1-800-775-1000 to get more information or to request full copy of our Claims Appeals Procedures, or you can find these procedures on our website at: <https://www.mutualofomaha.com/dental-insurance>

You also have the right to an expedited external review if the covered person has a medical condition where the time frame for completion of an expedited internal appeal would seriously jeopardize the life or health of the covered person or would jeopardize the covered person's ability to regain maximum function, as substantiated by a dentist either orally or in writing. The covered person or the covered person's authorized representative may file a request for an expedited external review at the same time the covered person or the covered person's authorized representative files a request for an expedited appeal.

Mutual of Omaha will provide a written decision on your appeal within 30 days. If we do not provide a decision within 30 days you have a right to request an external review.

If We have denied your request for the provision of or payment for a health care service or course of treatment. You may have the right to have our decision reviewed by health care professionals who have no association with us if our decision involved making a judgment as to the medical necessity, appropriateness, health care setting, level of care or effectiveness of the health care service or treatment you requested by submitting a request for external review to the Office of the Insurance Commissioner, Mississippi Insurance Department, Attn: Life and Health Actuarial Division, P.O. Box 79, Jackson, MS 39205, Phone: (601) 359-3569

Dental policies are administered, at least in part, by TruAssure Insurance Company.