PREMIER ACCESS
Medical • Dental • Vision

Grievance Form: Utah Medicaid

Please fill in the information below. If you need help, please call Premier Access Customer Service.
The Customer Service number is 1-877-541-5415.

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: (_____)

Nature of Complaint -- Please provide specific details. Include the date(s) of service and name of the dentist(s) who provided the service. Please use additional sheets if needed.

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Please mail or email this form to:

Mailing Address: Premier Access Insurance Company
Attn: Grievances/Appeals Department
P. O. Box 255039
Sacramento, CA 95865-5039

Email: GrievanceDept@PremierLife.com

DO NOT WRITE BELOW THIS LINE
FOR COMPANY USE ONLY

_____

Grievance Received By: _____

Date Received: _____

Time Received: _____

Grievance Log Completed By: _____