

# Health Net Dental HMO

## Dental Provider Selection Form

Only complete this Dental Provider Selection Form if you are enrolling in a Health Net Medicare Advantage plan that covers routine dental HMO benefits for your Health Net Medicare Advantage plan.

After you have completed your enrollment through Health Net, you must select a Health Net participating dental provider.

Use this Dental Provider Selection Form to make your selection. Just follow these simple steps.

1. Select your dental provider from the Health Net Dental Provider Directory.
2. Fill in this form completely.
3. Mail this form in a separate envelope to:  
Dental Benefit Providers  
P.O. Box 30567  
Salt Lake City, UT 84130-0567

You must receive all dental care from the Health Net Dental network.

### Member Services

Our Dental Member Services staff is happy to assist you and can be reached by calling **1-866-249-2382 (TTY: 711)**. Hours of operation are Monday through Friday from 7:00 a.m. to 10:00 p.m. Central time.

If you need to request a Dental Provider Directory, please call us at HMO: 1-800-275-4737 (TTY: 711), HMO SNP: 1-800-431-9007 (TTY: 711). If you are enrolling in Health Net Healthy Heart (HMO), Health Net Seniority Plus Green (HMO), Health Net Seniority Plus Amber I (HMO D-SNP), Health Net Gold Select (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber II (HMO D-SNP), Health Net Seniority Plus Sapphire (HMO), Health Net Seniority Plus Amber II Premier (HMO D-SNP), Health Net Seniority Plus Sapphire Premier (HMO), please call HMO: 1-800-275-4737 (TTY: 711), HMO SNP: 1-800-431-9007 (TTY: 711). Hours of operation are from October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

You may also access this information on our website: [ca.healthnetadvantage.com](http://ca.healthnetadvantage.com)

*(continued)*



**Health Net Dental – Please print**

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Subscriber ID (for members only)	Date of Birth	Telephone
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y	<input type="text"/> - <input type="text"/> - <input type="text"/>

Home Address (may not be a PO box)

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Dental Provider Selection**

Provider Name	Provider ID
<input type="text"/>	<input type="text"/>

Health Net is contracted with Medicare for HMO and HMO SNP plans, and with the state Medicaid program. Enrollment in Health Net depends on contract renewal.

Individuals must have both Part A and Part B to enroll. Medicare beneficiaries can only enroll in these plans during certain times of the year and must continue to pay their Medicare Part B premiums. Plan benefits and cost-sharing may vary by plan, county and region. Contact Health Net for more information.

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White – Health Net    Yellow – Member

