Health Net Dental HMO Dental Provider Selection Form



ONLY FILL OUT THIS DENTAL PROVIDER SELECTION FORM IF YOU ARE ENROLLING IN A WELLCARE BY HEALTH NET MEDICARE ADVANTAGE PLAN THAT COVERS ROUTINE DENTAL HMO BENEFITS.

After you have enrolled through Health Net, you must select a Health Net dental provider.

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

- 1 Select your dental provider from the Health Net Dental Provider Directory.
- 2 Fill in this form completely.
- 3 E-mail this form to: **dentalproviderselection@dbp.com** and use **"Provider Selection"** for the subject line.

OR

4 E-fax to: 1-855-275-1818.

You must get all of your dental care from the Health Net Dental network.

MEMBER SERVICES

Our Dental Member Services staff is happy to assist you and can be called at **1-866-249-2382 (TTY: 711)**. They are here Monday through Friday from 7:00 a.m. to 10:00 p.m. Central time.



If you need to request a Dental Provider Directory, or if you are enrolling in a Wellcare by Health Net of California Medicare Advantage Plan, please call **1-800-275-4737 (TTY: 711)**. From October 1 to March 31, you can call us seven 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: **www.wellcare.com/healthnetCA**.

(continued)

| Health Net Dental – Please print | | |
|----------------------------------|-------------------------|-------------------|
| Last Name | | 1iddle Initial |
| Subscriber ID | | |
| (for members only) | Date of Birth Telephone | |
| Home Address (may not be a PO | box) | |
| City | State ZIP Code | |
| Dental Provider Selectior | ו | |
| Provider Name | Provider ID | |

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 Wellcare by Health Net for more information.

Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at the plan numbers on the following pages. Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que habla español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的口译服务,可解答您对我们的健康或药物计划的 有关疑问。如需译员,请拨打以下页面上的计划号码联系我们。您将获得讲汉语 普通话的译员的帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務,可解答您對我們的健康或藥物計劃 可能有的任何疑問。如需口譯員服務,請致電下頁的計劃電話號碼。會說廣東話 的人員可以幫助您。此為免費服務。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa mga sumusunod na pahina. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, il suffit de nous appeler aux numéros figurant sur les pages suivantes. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi chúng tôi theo số điện thoại chương trình ở các trang sau. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie eine der Telefonnummern auf den folgenden Seiten an. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

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Form Approved

OMB# 0938-1421

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 다음 페이지에 있는 플랜 번호로 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номерам, представленным на следующих страницах. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فورى، ما عليك سوى الاتصال بنا على أرقام الخطة التي تظهر في الصفحات التالية. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجانبي.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें अगले पेज पर दिए गए प्लान नंबर पर कॉल करें। हिन्दी में बात करने वाला सहायक आपकी मदद करेगा। यह एक निःशुल्क सेवा है।

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare i numeri del piano riportati nelle pagine seguenti. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através dos números do plano nas páginas seguintes. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon tradiktè nan bouch, annik rele nimewo yo pou plan an ki make sou paj ki annapre yo. Yon moun ki pale Kreyòl Ayisyen ka ede w. Se yon sèvis gratis. **Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod podany na kolejnych stronach numer odnoszący się do planu. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、次からのページに記載されている弊社の計画担当の電話番号にお問い合わせください。日本語の通訳担当者が対応します。これは無料のサービスです。

ALABAMA HMO 1-800-977-7522 (TTY: 711) wellcarecomplete.com

ARIZONA HMO, HMO C-SNP 1-800-977-7522 (TTY: 711) wellcare.com/allwellAZ

HMO D-SNP 1-844-796-6811 (TTY: 711) wellcare.com/allwellAZ

ARKANSAS

HMO 1-800-977-7522 (TTY: 711) wellcare.com/allwellAR

HMO D-SNP 1-844-796-6811 (TTY: 711) wellcare.com/allwellAR

CALIFORNIA

HMO, HMO C-SNP, PPO 1-800-275-4737 (TTY: 711) wellcare.com/healthnetCA

Wellcare CalViva Health Dual Align (HMO D-SNP) 1-833-236-2366 (TTY: 711) wellcare.com/healthnetCA

Wellcare Dual Liberty (HMO D-SNP) 1-800-431-9007 wellcare.com/healthnetCA

DELAWARE HMO-POS 1-800-977-7522 (TTY: 711) wellcare.com/DE

HMO-POS D-SNP 1-844-796-6811 (TTY: 711) wellcare.com/DE

FLORIDA HMO 1-800-977-7522 (TTY: 711) wellcarecomplete.com

ILLINOIS

HMO 1-800-977-7522 (TTY: 711) wellcarecomplete.com

INDIANA

Wellcare Assist (HMO), Wellcare Low Premium Open (PPO), Wellcare No Premium (HMO), Wellcare No Premium Open (PPO), Wellcare Patriot Giveback Open (PPO)

1-800-977-7522 (TTY: 711) wellcare.com/allwellIN

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MISSOURI

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HMO D-SNP 1-844-796-6811 (TTY: 711) wellcare.com/allwellMO

NEBRASKA

HMO, PPO 1-800-977-7522 (TTY: 711) wellcare.com/NE

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NEVADA

HMO, HMO C-SNP, PPO 1-800-977-7522 (TTY: 711) wellcare.com/allwellNV

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HMO D-SNP 1-844-796-6811 (TTY: 711) wellcare.com/allwellNM

NEW YORK HMO, HMO-POS, HMO D-SNP 1-800-247-1447 (TTY: 711) wellcare.com/fidelisNY

OHIO

HMO, PPO 1-800-977-7522 (TTY: 711) wellcare.com/allwellOH

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OREGON

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HMO D-SNP 1-844-867-1156 (TTY: 711) wellcare.com/trilliumOR

PENNSYLVANIA

HMO, PPO 1-800-977-7522 (TTY: 711) wellcare.com/allwellPA

HMO D-SNP, PPO D-SNP 1-844-796-6811 (TTY: 711) wellcare.com/allwellPA

TEXAS

Wellcare Complement Assist (HMO), Wellcare Giveback (HMO), Wellcare No Premium (HMO), Wellcare Patriot No Premium (HMO)

1-800-977-7522 (TTY: 711) wellcare.com/allwellTX

Wellcare Dual Access Harmony (HMO D-SNP), Wellcare Dual Liberty Nurture (HMO D-SNP) **1-844-796-6811 (TTY: 711)**

wellcare.com/allwellTX

Wellcare Complete - Giveback (HMO), Wellcare Complete No Premium (HMO), Wellcare Complete No Premium Open (PPO) **1-800-977-7522 (TTY: 711)** wellcarecomplete.com

WASHINGTON

PPO 1-844-582-5177 (TTY: 711) www.wellcare.com/healthnetOR

WISCONSIN

HMO D-SNP 1-844-796-6811 (TTY: 711) wellcare.com/allwellWI