

# Health Net Dental HMO Dental Provider Selection Form


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**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 with 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:

 Select your dental provider from the Health Net Dental Provider Directory.

 Fill out this form completely.

 E-mail this form to:  
**dentalproviderselection@dbp.com**  
and use “Provider Selection” for the subject line.

**OR**

 E-fax to **1-855-275-1818**.

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



## MEMBER SERVICES

Our Member Services staff is happy to help you. Just call **1-866-249-2382 (TTY: 711)**. We are here Monday through Friday, from 7 a.m. to 10 p.m., Central time.

If you need a copy of the 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, on weekends, and on federal holidays. You may also view this information any time on our website at **go.wellcare.com/HealthNetCA**.

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## Wellcare By 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"/> <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)
<input type="text"/>

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"/>

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.

