

You are receiving this form because you have enrolled in a new Dental Managed Care plan, Health Net Dental (Health Net). We will use this form to make sure you get needed care.

**Please check the answers** that apply to you using a blue or black pen. Complete one form **for each person** in your family who is enrolled in Health Net. If you have questions, please call Health Net toll-free at **1.877.550.3868**. A representative is available to speak with you Monday through Friday, between 8:00 am and 5:00 pm. TDD/TTY users should dial **711**.

**Filling out this form is voluntary.  
You will not be denied care based on your confidential answers.**

<b>Member's Name:</b>	<b>Date of Birth:</b>
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Medi-Cal ID Number:		Please check one:		
		Yes	No	N/A
1.	Has it been more than 12 months since your last dental visit?			
2.	Do you have pain when eating cold, hot, or sugary foods?			
3.	Do you have a painful tooth eruption?			
4.	Do you have an infected tooth or teeth?			
5.	Do you have a broken tooth or teeth?			
6.	Is your mouth dry?			
7.	Do your gums bleed with you brush or floss?			
8.	Have you had any gum (periodontal) treatments? <i>If yes, date of last treatment: _____</i>			
9.	Do you wear dentures or partials?			
10.	Are you currently receiving radiation or chemotherapy?			
11.	Are you pregnant?			
12.	Do you see a doctor regularly for a chronic medical condition? <i>If yes, check all that apply:</i> <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Other: _____			
13.	Do you have or associate yourself with a mental or physical disability?			

**Please return the completed form using the enclosed prepaid envelope or mail to:**  
Health Net Dental, PO Box 26110, Santa Ana, CA 92799-6110.

If you think you need to see a dentist before Health Net contacts you, please contact your dental office or seek care from a hospital.

***I understand that this information will be disclosed to my new dental plan.***

<b>Signature:</b>	<b>Date Signed:</b>
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