



Health Net Dental HMO Dental Provider Selection Form

Only complete this Dental Provider Selection Form if you are enrolling in Health Net Seniority Plus Ruby (HMO), Health Net Gold Select (HMO), Health Net Jade (HMO SNP), Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP), or if you purchased the Optional Supplemental Benefits Buy-up Package #1 or Package #3 for Health Net Seniority Plus Green (HMO), Health Net Seniority Plus Ruby (HMO), Health Net Ruby Select (HMO), Health Net Healthy Heart (HMO), Health Net Healthy Heart Plan 1 (HMO), or Health Net Healthy Heart Plan 2 (HMO).

After you have completed your enrollment through Health Net, and, if applicable, the Optional Supplemental Benefits Package #1 or Package #3, 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:
Health Net Dental
PO Box 25187
Santa Ana, CA 92799-5187

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/TDD **1-800-855-2880**, AT&T Relay Service for the hearing and speech impaired). Hours of operation are Monday through Friday from 5:00 a.m. to 8:00 p.m. Pacific time (PT).

If you need to request a Dental Provider Directory, please call us at Health Net Seniority Plus Green, Health Net Ruby Select, Health Net Seniority Plus Ruby, Health Net Healthy Heart, and Health Net Gold Select: 1-800-275-4737 (TTY/TDD 1-800-929-9955), 8:00 a.m. to 8:00 p.m. PT, seven days a week; or Health Net Jade, Health Net Seniority Plus Amber I, and Health Net Seniority Plus Amber II: 1-800-431-9007 (TTY/TDD 1-800-929-9955), 8:00 a.m. to 8:00 p.m. PT, seven days a week. You may also access this information on our website:

www.healthnet.com

Please review additional plan information located on the back side of this form prior to completing this form.

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<i>Health Net Dental – Please print</i>			
Last name:	First name:	MI:	
Subscriber ID # (for members only):	Date of birth: (____/____/____) (M M / D D / Y Y Y Y)	Telephone: (____) ____-____	
Home address (may not be a PO box):			Apt #:
City:	State:	ZIP:	
<i>Dental provider selection</i>			
Provider name:		Provider ID #:	

Health Net of California, Inc. has a contract with Medicare to offer HMO plans. Health Net of California, Inc. has a contract with Medicare to offer chronic HMO SNP coordinated care plans. Enrollment in a Health Net Medicare Advantage plan 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.

This information is available for free in other languages. Please call our customer service number at 1-800-275-4737. TTY/TDD users should call 1-800-929-9955. Hours are 8:00 a.m. to 8:00 p.m., seven days a week.

Esta información está disponible en forma gratuita en otros idiomas. Llame a nuestro servicio al cliente al 1-800-275-4737. Los usuarios de TTY/TDD deben llamar al 1-800-929-9955. El horario de atención es de 8:00 a.m. a 8:00 p.m., los siete días de la semana.

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