



# Dental Provider *Selection* Form

Only complete this Dental Provider Selection Form if you are enrolling in a Health Net Medicare Advantage plan that covers additional dental HMO benefits or if you purchased the Optional Supplemental Benefits Buy-up Package # 1 or 8 for your Health Net Medicare Advantage plan.

After you have completed your enrollment through Health Net, and, if applicable, the Optional Supplemental Benefits Package # 1 or 8, 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  
M/S CA120-0351  
PO Box 6044  
Cypress, CA 90630-0044

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 5:00 a.m. to 8:00 p.m. Pacific time (PT), excluding holidays.

If you need to request a Dental Provider Directory, please call us at 1-800-275-4737 (TTY: 711). If you are enrolling in Health Net Jade (HMO SNP), Health Net Seniority Plus Sapphire (HMO), Health Net Seniority Plus Sapphire Premier (HMO), Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP) or Health Net Seniority Plus Amber II Premier (HMO SNP) please call 1-800-431-9007 (TTY: 711). Hours of operation are from October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week, excluding certain holidays. However, after February 14, your call will be handled by our automated phone system on weekends and certain holidays. You may also access this information on our website:

[www.healthnet.com](http://www.healthnet.com)

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

*(continued)*

*Health Net Dental – Please print*

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. / Health Net Community Solutions, Inc. has a contract with Medicare to offer HMO and HMO SNP 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.

White – Health Net    Yellow – Enrollee