

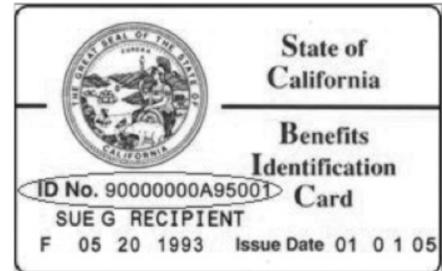
Form Instructions: Request For Beneficiary Dental Exception (BDE)

If you are having problems getting dental care for yourself or a family member in Sacramento County, there is help available. Please complete and send in this form.

How to fill out this form?

If you are filling out this form because your *child* is the patient and needs services, please complete the form using your child's information. Please make sure you print clearly and answer as much as possible. If we are unable to identify you from the information provided, it may delay your request.

- ① **Name of Person Filling Out Form:** Print the first and last name.
- ② **Patient's Name (first and last):** Print the first and last name.
- ③ **Patient's Benefits Identification Card Number (BIC):**
Print the 14-digit BIC. It is typically eight (8) numbers followed by one (1) letter and another five (5) numbers.
- ④ **Date of Birth:** Print the two (2) digit month, two (2) digit day, and four (4) digit year that you or your child was born.
For example: 05/10/2010
- ⑤ **Best Phone Number to reach you:** Print the best 10-digit phone number including area code that you can be reached at. For example XXX-XXX-XXXX
- ⑥ **Please check all boxes that apply:** If you check "Other" please explain the issue(s) in scheduling an appointment.
- ⑦ **Signature (Patient or parent if patient is a minor child):** Sign and date the form. Signature is required if dental plan dis-enrollment is approved.



How do I turn this form in?

Mail: Attn: Dental Managed Care BDE
PO Box 997413, MS4708
Sacramento, CA 95899-7413

E-Mail: Subject: Dental Managed Care BDE: dentalmanagedcare@dhcs.ca.gov

FAX: Attn: Dental Managed Care BDE, (916) 464-3783

What can I expect?

- When the form has been received by the Medi-Cal Dental Managed Care Unit, you will receive a phone call within three (3) business days of receipt.
- The Medi-Cal Dental staff will assist you in scheduling an appointment with you or your child's provider.
- If an appointment is successfully scheduled, a follow-up call from the Medi-Cal Dental staff will be made to you after the appointment to make sure there are no additional access issues.
- If the Medi-Cal Dental staff is unsuccessful in scheduling an appointment for you or your child, steps will be taken to help find a different dental plan/provider and/or move you or your child into the Medi-Cal Dental fee-for-service program, Denti-Cal, for dental care.

If there are any questions or concerns, call the DMC Toll-Free line at 1-855-347-3310 or email Dental Managed Care at dentalmanagedcare@dhcs.ca.gov; Subject: Dental Managed Care BDE.