Kev Thov Beneficiary Dental Exception (BDE) Los Ntawm Txoj Kev Rau Npe Koom Txoj Kev Pab

Yog muaj KEV MOB KUB CEEV (hnov mob, o, thiab/los yog los ntshav) thov hu rau Dental Managed Care Tus Xov Tooj Hu Dawb ntawm 1 (855) 347-3310 kom tau kev pab.

❶ Tus Neeg Teb Tsab Ntawv Lub Npe (npe thiab xeem): _____

❷ Tus Neeg Mob Lub Npe (npe thiab xeem): _____

❸ Neeg Mob Tus Zauv Cim Cov Kev Pab Benefits Identification Card Number (BIC): _____

❹ Hnub Yug (mm/dd/yyyy): _____

❺ Tus xov tooj hu cuag tau koj zoo tshaj plaws: _____

❻ **Thov kos txhua kem uas muaj tseeb rau koj:**

☐ Teem tsis tau ib lub sij hawm ntsib rau kev mob "***ceev nrooj***" aua nte 72 teev (3) hnub.

☐ Teem tsis tau ib lub sij hawm ntsib rau "***kab kev tshuaj ntsuam***" (mob tsis kub ceev) ua ntej plaub (4) lub lim tiam.

☐ Teem tsis tau ib lub sij hawm ntsib nrog "***tus kws kho mob tshwj xeeb***" ua ntej 30 hnub txij li hnub tau kev tso cai thov.

☐ Lwm yam: _____

_____

Thov muab tsab ntawv no xa raws:

Muas nqi xa mus: Attn: Dental Managed Care BDE
PO Box 997413, MS4708
Sacramento, CA 95899-7413

Muab xa hauv E-Mail mus: Subject: Dental Managed Care BDE
dentalmanagedcare@dhcs.ca.gov

Muab xa hauv Xov Tooj Xa Ntawv mus: Attn: Dental Managed Care BDE
(916) 464-3783

❼ **X** _____ / /

Tus neeg mob los yog leej niam leej txiv yog tias tus neeg mob yog ib tus me nyuam tsis nto hnub nyoog Kos Npe *Hnub tim (mm/dd/yyyy)*

_____

Sau lub npe thiab kev sib txheeb nrog tus neeg mob to the patient Chaw xa ntawv *E-Mail (yog muaj)*

Yuav muab tag nrho cov ntawv mus lis txawm muaj npe kos los tsis muaj, tiam sis kom lis tau txoj kev rho npe tawm ntawm ib txoj kev pab them nqi kho hniav, yuav tsum muaj kos npe.