



2019

DENTAL PROVIDER SELECTION FORM

DENTAL FACILITY ID#: _____

DENTIST NAME: _____

ENROLLEE LAST NAME: _____

ENROLLEE FIRST NAME: _____

MEDICARE BENEFICIARY ID#: _____

ENROLLEE SIGNATURE: _____

SIGNATURE DATE: _____

You are selecting a Primary Care Dentist that participates in the DeltaCare USA Dental HMO network. Vitality Health Plan of California has arranged for this network through its contract with Delta Dental.

Vitality Health Plan of California is a HMO with a Medicare contract. Enrollment in Vitality Health Plan of California depends on contract renewal.