

HumanaDental DHMO

HumanaDental Primary Care Dentist (PCD) selection form

To select a participating network Dentist under the HumanaDental DHMO plan, please complete this form and mail to:

HumanaDental - ERS

P.O. Box 14639

Lexington, KY 40512-4639

Questions? Please call (877) 377-0987

Employee/Retiree Last Name		First Name		Middle Initial
ERS DHMO group number 538226	Member ID		Daytime phone number	

Including yourself, list the first and last name of each family member covered under the DHMO	Date of birth	Gender	Dentist name	Dentist ID	Are you a current patient?
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature

Date