

Dental Plan Change Form

Only fill out this form if you want to change your dental plan.

Once you're approved for Medicaid, you are automatically enrolled in a dental plan or qualify for a Fee-for-Service (FFS) program.

Members have 90 days from their initial enrollment date to change their dental plan, and then once a year after that to change plan(s) for any reason by completing this form. If you are satisfied with your current plan, you do not need to complete this form.

Name of Person to Enroll*	Date of Birth* (MM/DD/YY)	ID Number*	Check One Dental Plan
			<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental

Reason for changing your Plan: _____

Your name*

Your address: Street, City, Zip Code*

Your phone number

***YES I am authorized to make changes on this account. I understand that by completing this form and submitting it to Member Services, I am changing the plans for the person(s) listed above.**

If you have questions about how to complete this form, call Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606, Monday through Friday from 8 a.m. – 5 p.m.