

Dental Carrier Change

New Dental Wellness Plan and Hawki Dental members are enrolled right away with a dental carrier. New members then have 90 days to change dental carriers for any reason. Once a member has been with a dental carrier for 12 months, they can change dental carriers for any reason during their open choice period.

New or current members who wish to change their dental carrier may use this form. Information about each dental carrier is available at <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/open-choice>.

Only fill out this form if you wish to change your dental carrier. If you want to keep things just the way they are, you do not have to do anything. (If submitting this form by mail, please use blue or black ink. * = REQUIRED.)

Name of Person to Enroll*	Date of Birth*	ID Number*	Check One Dental Carrier*	
			<input type="checkbox"/> Delta Dental	<input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Delta Dental	<input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Delta Dental	<input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Delta Dental	<input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Delta Dental	<input type="checkbox"/> MCNA Dental

Reason for changing your dental carrier: _____

Your Name*

Your Address (Street, City and Zip Code)*

Your Phone Number

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

If you have questions about how to complete this form, call Iowa Medicaid 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. to 5 p.m.

SUBMIT FORM TO IOWA MEDICAID MEMBER SERVICES