

Dental Provider Selection Form

A Preventive Dental Plan is included as part of your Physicians Plus health insurance policy.

If you are a renewing Physicians Plus subscriber, and no one covered by your policy wants to switch dentists, you do not need to complete this form.

If you are 1) a new subscriber, or 2) a renewing subscriber wishing to change dentists, please select a dental provider from our network and complete the form below. (Each member covered by your policy can choose a dentist.) Network dental providers are listed in the printed provider directory and the online directory (go to www.pplusic.com, click "Find a Provider", select "Specialty Care" and search under "Dental Care/Orthodontic Providers"). **All members covered by your policy must select a network dentist to receive dental benefits.**

Subscriber Member ID Number: _____

Name	Date of Birth	Requested (New) Dental Provider	Current Dental Provider	Reason for Dental Provider Change
Subscriber				
Spouse				
Dependent 1				
Dependent 2				
Dependent 3				
Dependent 4				
Dependent 5				

Please return this form as soon as possible to:

Dental Enrollment Department
C/O SVA Healthcare Services, LLC
PO Box 44966
Madison, WI 53744-4966
or
Fax #: (608) 826-2116

If you have any questions, please call Member Service at (608) 282-8900 or (800) 545-5015.