

HumanaDental DHMO

HumanaDental Primary Care Dentist (PCD) selection/change 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

To find a list of available participating dentists go to www.humanadental.com/ERS and click on "Find a Dentist". You must select a general dentist for your PCD, we are not able to assign you to a specialist.

Questions? Please call (877) 377-0987

Employee/Retiree Last Name		First Name		Middle Initial
ERS DHMO Group Number	Member ID	Daytime Phone Number		
538226				

Please complete all boxes below

Including yourself, list the first and last name of each family member covered under the DHMO Plan	Date of Birth	Dentist Name	Dentist ID	Dentist Address

Signature

Date