



Dental Provider Request Form

Dear Member:

Please complete the information below if we do not currently have your dentist listed as a participating provider. We will contact your dentist to determine if they are a fit for our new network. If there is more than one office you wish us to contact, please feel free to attach an additional request. Please note that completing and returning this form does not guarantee the dentist will be included in the network.

Dentist/Practice name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax #: _____

Please complete with your information

Member's name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please return your request to the address below or fax to 1-844-822-8114.

ConnectiCare
c/o DentaQuest
P.O. Box 463
Milwaukee, WI 53201

ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. ConnectiCare Insurance Company, Inc. is an HMO SNP plan with a Medicare contract and a contract with the Connecticut Medicaid Program. Enrollment in ConnectiCare depends on contract renewal. The provider network may change at any time.

ConnectiCare Dental Plans are administered by DentaQuest.