

# Form Instructions: Beneficiary Dental Exception (BDE) (Cov Lus Qhia Teb Tsab Ntawv: Kev Zam Txog Cov Kev Kho Hniav (BDE))

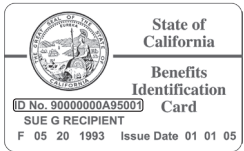
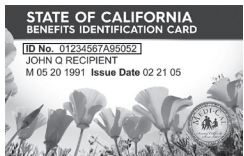
Yog tias koj muaj teeb meem teem sij hawm kho hniav rau koj tus kheej los sis koj tus me nyuam hauv Lub Nras Sacramento, thov ua raws li cov lus qhia ua hauv qab no.

Yog muaj **KEV KUB CEEV TXOG COV HNIAV** (hnov mob, o, thiab/los sis los ntshav),  
Hu rau **BDE Tus xov tooj hu dawb ntawm 1(855) 347-3310** kom tau kev pab.

BDE Cov Sij Hawm Qhib yog Zwj Hli (Monday) – Zwj Kuab (Friday), 8:00 sawv ntxov txog 5:00 tsaus ntuj.

## Teb BDE Tsab Ntawv:

Sau Tus Neeg Mob  
Tus Zauv Cim Cov  
Kev Pab (Benefits  
Identification Card  
Number) raws li qhia.



State of California—Medi-Cal Dental Services Program Department of Health Care Services

### Beneficiary Dental Exception (BDE) Form (Tsab Ntawv Thov Kev Zam Txog Cov Kev Kho Hniav (BDE))

Yog muaj **KEV KUB CEEV TXOG COV HNIAV** (hnov mob, o, thiab/los sis los ntshav),  
Hu rau **BDE Tus xov tooj hu dawb ntawm 1(855) 347-3310** kom tau kev pab.  
BDE Cov Sij Hawm Qhib yog Zwj Hli (Monday) – Zwj Kuab (Friday), 8:00 sawv ntxov txog 5:00 tsaus ntuj.

**Cov Lus Qhia Txog Tus Neeg Mob**

Lub Npe (npe thiab xeem): \_\_\_\_\_  
 Hnub Yug (hli/hnub/xyoo): \_\_\_\_\_  
 Benefits Identification Card # (BIC) (Neeg Mob Tus Zauv Cim Cov Kev Pab): \_\_\_\_\_  
 Tus Xov Tooj Yuav Hu Tau Tshaj: \_\_\_\_\_

**Cov Lus Qhia Txog Niam Txiv los sis Tus Neeg Saib Xyuas  
(Yuav tsum tau teb yog tias tus neeg mob muaj 18 xyoo rov hauv)**

Lub Npe (npe thiab xeem): \_\_\_\_\_  
 Txheeb Tus Neeg Mob Li Cas: \_\_\_\_\_  
 Tus Xov Tooj Yuav Hu Tau Tshaj: \_\_\_\_\_  
 Tus E-mail: \_\_\_\_\_

**Thov Kos txhua Lub (Cov) Thawv Uas Muaj Tseeb Rau Tus Neeg Mob:**

Rau "**Cov Kev Kub Ceev Txog Cov Hniav**", hu rau **BDE Tus xov tooj hu dawb ntawm 1(855) 347-3310**.

Teem tsis tau ib lub sij hawm ntsib rau kev mob "ceev nrooj" hauv 72 teev (3) hnub.  
 Teem tsis tau ib lub sij hawm ntsib rau "kab kev tshuaj ntsuam" hauv plaub (4) lim tiam.  
 Teem tsis tau ib lub sij hawm ntsib nrog "tus kws kho mob tshwj xeeb" hauv 30 hnub txij li hnub tau kev pom zoo rau qhov kev thov.  
 Lwm yam: \_\_\_\_\_

**Kos npe thiab Hnub Tim** (Niam Txiv/Tus Neeg Saib Xyuas  
**yuav tsum** kos npe yog tias tus neeg mob muaj 18 xyoo rov hauv)

Kos npe: \_\_\_\_\_ Hnub tim (hli/hnub/xyoo): / /

**Thov muab tsab ntawv no xa rov qab tuaj uas xa raws li ib qho nram no:**

**Mail (xa hauv kev xa ntawv):** Dental Managed Care BDE  
PO Box 997413, MS 4900  
Sacramento, CA 95899-7413

**E-Mail (xa hauv E-Mail):** dentalmanagedcare@dhcsca.gov  
Subject: Dental Managed Care BDE

**FAX (xa hauv xov tooj xa ntawv mus):** Dental Managed Care BDE  
(916) 464-3783

MU\_0003834\_HMO\_1216

Yuav tsum tau  
muaj cov lus  
qhia txog tus  
neeg mob.

Tsuas xav tau  
cov lus qhia txog  
Leej Niam Leej  
Txiv los sis Tus  
Neeg Saib Xyuas  
yog tias tus neeg  
mob muaj 18  
xyoo rov hauv.

Thov muab tsab  
ntawv xa hauv  
kev xa ntawv,  
xa hauv e-mail  
los sis xa hauv  
xov tooj xa  
ntawv mus (fax)  
mus rau Dental  
Managed Care  
(Pawg Neeg  
Muab Kev  
Pab Kho Hniav  
Uas Sib Koom  
Ua Ke).

Kos tag nrho cov  
thawv uas raug.  
Yog tias "lwm yam",  
thov piav qhia seb  
yog dab tsi.

Kos npe thiab  
Hnub Tim (Leej  
niam leej txiv yuav  
tsum tau kos npe  
yog tias tus neeg  
mob muaj hnub  
nyoog 18 xyoo  
rov hauv.)

## Thov muab tsab ntawv no xa rov qab tuaj uas xa raws li ib qho nram no:

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