Beneficiary Dental Exception (BDE) Form

For **DENTAL EMERGENCY** (pain, swelling, and/or bleeding). Call the **BDE Toll-Free number at 1-855-347-3310** for help. BDE Hours are Monday - Friday, 8:00 a.m. to 5:00 p.m. For after hours calls please leave a message and a representative will return the call at the earliest opportunity during normal BDE hours. If you cannot wait for a representative; please contact your Dental Provider and/or visit an Emergency room to get the necessary help.

Patient Information

Name (first and last): _____

Date of Birth (mm/dd/yyyy): _____

Benefits Identification Card Number (BIC): _____

Best Contact Number: _____

Parent or Guardian Information (Must be filled out if patient is under 18 years old)

Name (first and last): _____

Relationship to Patient: _____

Best Contact Number: _____

E-Mail Address: _____

Please Check any Box(es) that Apply to the Patient:

For "Dental Emergencies", call the BDE Toll-Free number at 1-855-347-3310.

- ☐ Not able to get an "urgent" appointment with a Medical/Dental Professional within your Plan within 72 hours (3) days.
- ☐ Not able to get a "routine" appointment with a Medical/Dental Professional within your Plan within four (4) weeks.
- ☐ Not able to get a "specialist" appointment with a Medical/Dental Professional within your Plan with a network provider, 30 **calendar days** for children and 30 **business days** for adults.
- ☐ Other: _____

Signature and Date (Parent/Guardian **must** sign if the patient is under 18 years old)

Signature: _____ Date (mm/dd/yyyy): / /

Please return this form by using one of the following ways:

- **Mail:** Dental Managed Care BDE, PO Box 997413, MS 4900, Sacramento, CA 95899-7413
- **E-Mail:** dentalmanagedcare@DHCS.ca.gov; Subject: Dental Managed Care BDE
- **FAX:** Dental Managed Care BDE, 916-464-3783