

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.

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 within 72 hours (3) days.

Not able to get a "routine" appointment within four (4) weeks.

Not able to get a "specialist" appointment within 30 days from authorized request.

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