



Dental Home Change Form

Please enter the following information and MAIL to
DentaQuest
Attn: Customer Service
12121 North Corporate Pkwy.
Mequon, WI 53092
Or FAX to 855-390-6432

*Member First Name: _____

*Member Last Name: _____

Medicaid ID (if known): _____

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

Contact Phone Number
(###-###-####): _____

Email Address: _____

Dental Home Dentists Details

My preferred dentist is:

*Dentist Name: _____

*City: _____

*Address: _____

*Zip code: _____

*Phone number: _____

Date of last visit to this dentist: _____

*required fields