# UPDATING YOUR CONTACT INFORMATION

If your contract information (your name, phone, address or county) has changed please let us know. You need to let the Florida Department of Children and Families (DCF) and DentaQuest know about it. We want to be able to send you information about your Medicaid dental benefits.

If you have a change in your contact information, you need to follow these steps:

1. Call the Florida DCF at **1-866-762-2237**, Florida Relay 711. You can also visit their website at **http://www.myflfamilies.com/**.
2. Fill out this form and mail it to DentaQuest. The address is on the bottom of the form. You can also find this form online at **www.DentaQuest.com**.

## Florida Dental Health Program (DHP) Member Contact Information Form

You need to let DentaQuest and DCF know which Florida State Medicaid Dental Health Program member(s) the changes are for.

**Member Name:** _____

**Medicaid ID Number:** _____

☐ **New phone number:** _____

☐ Cell Phone ☐ Landline

☐ **New Address**

_____

_____

City State Zip County

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**Member Name:** _____

**Medicaid ID Number:** _____

☐ **New phone number:** _____

☐ Cell Phone ☐ Landline

☐ **New Address**

_____

_____

City State Zip County

**Mail this form to:**
DentaQuest
ATTN: Case Management
8300 NW 53rd Street, Suite 200
Doral, FL 33166

DentaQuest Member Services 888-468-5509, TTY 800-466-7566

DentaQuest®