

# UPDATING YOUR CONTACT INFORMATION

If your contact 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. You may also contact the Social Security Administration (SSA) to report changes.

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. Call SSA toll free at **1-800-772-1213 (TTY 1-800-325-0778)**, Monday through Friday from 7 a.m. to 7 p.m.  
You may also contact your local Social Security office or go online and make changes in your Social Security account at **<https://secure.ssa.gov/RIL/SiView.do>**.
3. 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](http://www.DentaQuest.com)**.

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

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

**Member Name:** \_\_\_\_\_

**Medicaid ID Number:** \_\_\_\_\_

☐ **New phone number:** \_\_\_\_\_

☐ Cell Phone    ☐ Landline

☐ **New Address**

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip County

**Member Name:** \_\_\_\_\_

**Medicaid ID Number:** \_\_\_\_\_

☐ **New phone number:** \_\_\_\_\_

☐ Cell Phone    ☐ Landline

☐ **New Address**

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip County

### Mail this form to:

DentaQuest  
ATTN: Case Management  
PO Box 2906  
Milwaukee, WI 53201-9292

DentaQuest Member Services 1-888-468-5509, TTY 1-800-466-7566  
Monday - Friday 8 a.m. to 7 p.m.

**DentaQuest**  
a Sun Life company