

# Say Cheese Dental Network Quick Reference Guide

Effective: Jan. 1, 2025

## Dental Hub

[dentalhub.com/webinars](https://dentalhub.com/webinars)

The Dental Hub may be used to check eligibility, submit claims, and to access useful information regarding plan coverage.

To register for the Hub, you will need information on a prior paid claim or a Registration code. To receive your Registration code and for other Dental Hub assistance, call Provider Services.

## Provider services

Phone: **1-844-368-6878**

- Dedicated Services Representatives 7 a.m.–10 p.m. CT
- Interactive Voice Response System 24/7

Member eligibility, benefits, claims, authorizations, network participation and contract questions

## Pretreatment estimates

Pretreatment Estimates (PTE)  
Say Cheese Dental Network  
P.O. Box 2053  
Milwaukee, WI 53201

## Provider Online Academy

Visit [UHCdental.com/provideracademy](https://UHCdental.com/provideracademy) to utilize the 24/7 on demand provider training and educational courses.

## Claims

### Dental Claims

Say Cheese Dental Network  
P.O. Box 2176  
Milwaukee, WI 53201  
EDI Payer ID: GP133

### Claim disputes or adjustments

Say Cheese Dental Network  
Provider Disputes  
P.O. Box 361  
Milwaukee, WI 53201

### Corrected claims

Say Cheese Dental Network  
Adjustments/Resubmissions  
P.O. Box 481  
Milwaukee, WI 53201

Claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

## Important notes



This guide is intended to be used for quick reference and may not contain all of the necessary information. It is subject to change without notice. For a copy of the National Provider Manual, please sign into [UHCdental.com](https://UHCdental.com) and select *Manuals/Other Supporting Documents* under *Quick Links*. For Plan details, please review the member's Evidence of Coverage located at [Medicare Plan Materials \(networkhealth.com\)](https://networkhealth.com).

Dental Benefit  
Providers®



## Sample member ID cards

All members will receive the Network Health Medicare Medical ID Card with dental details listed on the back.

 <b>2025 Network Health Plan Name</b> <b>PPO</b> networkhealth.com			
Member		<i>Network</i>	
<b>FirstName MI LastName</b>	<b>Copays</b>	<i>In</i>	<i>Out</i>
Member ID	PCP	\$	\$
<b>000000000</b>	Specialist	\$	\$
Health Plan (80840)	Rx BIN: <b>003858</b>	RxPCN: <b>MD</b>	
Group 2001899	RxGrp: <b>NHPA</b>		
	H5215_PBP		
			


**MEMBER EXPERIENCE:** 800-378-5234 (TTY 800-947-3529)  
 Pharmacy Team: 800-316-3107 (TTY 800-899-2114)

**FOR PROVIDERS ONLY:** 855-580-9935  
 Network Health MA Plans, P.O. Box 568, Menasha, WI 54952  
 Payer ID: 77076  
 Pharmacist Help Desk: 800-922-1557  
 Prior Authorization: networkhealth.com/provider-resources/  
 authorization-information or 866-709-0019  
 EyeMed® Vision: 833-279-4359

**Say Cheese Dental Network:**  
 Member: 888-454-4127 (TTY 711)      Provider: 844-368-6878  
 PO Box 2176, Milwaukee, WI 53201      Payer ID: GP133

*Medicare limiting charges apply.*

Members with a rider plan will have a separate dental card.

		Say Cheese Dental Network	
Member:	_____		
<b>&lt;FIRST MI LAST&gt;</b>			
Member ID:		<i>Network</i>	
<b>&lt;700133921&gt;</b>	<b>Copays</b>	<i>In</i>	<i>Out</i>
Health Plan: (80840)	0%-50%	20%-50%	
Group: Rider			
NH1	Administered by Dental Benefit Providers		

**MEMBER EXPERIENCE:** 888-454-4127  
 (TTY 711)

[www.saycheesedentalnetwork.com](http://www.saycheesedentalnetwork.com)

Provider should verify eligibility before providing treatment. To verify benefits, view claims or find a provider, visit the website or call.

**FOR PROVIDERS ONLY:**      844-368-6878  
**Dental Claims:**  
 Say Cheese Dental Network P.O.      [www.dentalhub.com](http://www.dentalhub.com)  
 Box 2176 Milwaukee, WI 53201      Payer ID: GP133

**Dental Benefit Providers®**

**Say Cheese Dental Network**