

Choose your dental plan

- Each InterCommunity Health Network Coordinated Care Organization (IHN-CCO) member must choose a dental plan.
- Please see the Dental Plan Directory for a complete list of dental plans from which to choose.
- Please list all family members enrolled in InterCommunity Health Network Coordinated Care Organization (IHN-CCO):

1 Name _____ Member ID# _____
Address _____
City _____ State _____ Phone _____
Date of Birth _____ Choice of dental plan _____

2 Name _____ Member ID# _____
Address _____
City _____ State _____ Phone _____
Date of Birth _____ Choice of dental plan _____

3 Name _____ Member ID# _____
Address _____
City _____ State _____ Phone _____
Date of Birth _____ Choice of dental plan _____

4 Name _____ Member ID# _____
Address _____
City _____ State _____ Phone _____
Date of Birth _____ Choice of dental plan _____

If we do not hear from you within 1 week, we will assign you a dental plan.

To choose a dentist, please contact your dental plan directly.

For more information, please call 1-800-832-4580.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 35 CORVALLIS OR

POSTAGE WILL BE PAID BY ADDRESSEE

INTERCOMMUNITY HEALTH PLANS
PO BOX 887
CORVALLIS OR 97339-9800



SCORE - FPO

Choosing a dental plan

Please see the Dental Plan Directory for a complete list of dental plans from which to choose. If we do not hear from you within 1 week, we will assign you a dental plan.

We will send you an ID card with the name of your dental plan written on it.

If we have chosen your dental plan for you,

you may ask for a new dental plan by calling IHN-CCO in Corvallis at 541-768-4550, toll free at 1-800-832-4580, or TTY 1-800-735-2900. You can also put your request in writing and mail it to the IHN-CCO office at PO Box 887, Corvallis, Oregon 97339.

FOLD IN HALF AND TAPE TO SEAL. DO NOT STAPLE.

