

# 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. to 10 p.m.
- 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 support videos.

## Dental claim submissions

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 through your clearinghouse, within the provider portal or to the mailing addresses here.

## Important notes



This guide is intended to be used as a 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*.

**Dental Benefit  
Providers®**



## Sample Network Health Member ID cards

Dental benefit details are listed on the back of the Network Health Medicare Advantage medical member ID card.


 <b>2025 Network Health Plan Name</b> <b>PPO</b> networkhealth.com										
Member	Network									
<JOHN Q PUBLIC>										
Member ID	Copays									
<123456789> <sup>PC</sup> <sub>00</sub>	<table border="0"> <tr> <td></td> <td>In</td> <td>Out</td> </tr> <tr> <td>PCP</td> <td>\$ &lt;0&gt;</td> <td>\$ &lt;0&gt;</td> </tr> <tr> <td>Specialist</td> <td>\$ &lt;0&gt;</td> <td>\$ &lt;0&gt;</td> </tr> </table>		In	Out	PCP	\$ <0>	\$ <0>	Specialist	\$ <0>	\$ <0>
	In	Out								
PCP	\$ <0>	\$ <0>								
Specialist	\$ <0>	\$ <0>								
Health Plan (80840)	Rx BIN: 003858 RxPCN: MD									
Group 2001899	RxGrp: NHPA									
	H5215_010									
										

<b>MEMBER EXPERIENCE:</b> 800-378-5234 (TTY 800-947-3529) Pharmacy Team: 800-316-3107 (TTY 800-899-2114) MDLIVE®: 877-958-5455 (TTY 800-770-5531)	
<b>FOR PROVIDERS ONLY:</b> 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	
<b>Say Cheese Dental Network:</b> Member: 888-454-4127 (TTY 711) Provider: 844-368-6878 PO Box 2176, Milwaukee, WI 53201 PayerID: GP133 <i>Medicare limiting charges apply.</i>	

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## Sample Dental Rider Card

Only members who choose a buy up plan, called a “Dental Rider”, will have a separate Say Cheese Dental Network card.

							
Say Cheese Dental Network							
Member:							
<FIRST MI LAST>							
Member ID:	Network						
<700133921>							
Health Plan: (80840)	Copays						
Group: Rider	<table border="0"> <tr> <td></td> <td>In</td> <td>Out</td> </tr> <tr> <td></td> <td>0%-50%</td> <td>20%-50%</td> </tr> </table>		In	Out		0%-50%	20%-50%
	In	Out					
	0%-50%	20%-50%					
NH1	Administered by Dental Benefit Providers						

<b>MEMBER EXPERIENCE:</b> 888-454-4127 (TTY 711) www.saycheesedentalnetwork.com	
Provider should verify eligibility before providing treatment. To verify benefits, view claims or find a provider, visit the website or call.	
<b>FOR PROVIDERS ONLY:</b> 844-368-6878 Dental Claims: Say Cheese Dental Network P.O. Box 2176 Milwaukee, WI 53201 www.dentalhub.com Payer ID: GP133	

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