

# 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: **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 training and educational support videos.

## 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 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*.

## Sample Network Health Member ID Card

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



**2025 Network Health Plan Name**  
**PPO**

networkhealth.com

Member	<i>Network</i>	
<JOHN Q PUBLIC>	<b>Copays</b>	<i>In Out</i>
Member ID	PCP \$ <0>	\$ <0>
<123456789> <sup>PC</sup> <sub>00</sub>	Specialist \$ <0>	\$ <0>
Health Plan (80840)	Rx BIN: <b>003858</b>	RxPCN: <b>MD</b>
Group <b>2001899</b>	RxGrp: <b>NHPA</b>	
	H5215_010	

  
Prescription Drug Coverage

**MEMBER EXPERIENCE:** 800-378-5234 (TTY 800-947-3529)  
Pharmacy Team: 800-316-3107 (TTY 800-899-2114)  
MDLIVE®: 877-958-5455 (TTY 800-770-5531)

**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      PayerID: GP133

*Medicare limiting charges apply.*

**Administered by  
Dental Benefit  
Providers**

## 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:  
<700133921>

	<i>Network</i>	
	<b>Copays</b>	<i>In 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

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. Box 2176 Milwaukee, WI 53201      www.dentalhub.com  
Payer ID: GP133