Provider Notification of Diabetes or Pregnancy for HealthPartners Members

Please fax this form to HealthPartners when you have learned of a Type 1 or Type 2 diabetes or pregnancy diagnosis to ensure that extended benefits are applied when dental claims are processed. You only need to send in this form one time for each unique member.

Today’s Date: ________________  Treating Dentist: ________________________________

Clinic Name: ________________________________

Phone number: ________________________________

Member Name: ________________________________

HealthPartners Member ID Number: ________________________________

Please check one of the following:

☐ Member has informed you that she/he has been diagnosed with Type 1 or Type 2 Diabetes

☐ Member has informed you that she has been diagnosed with Pregnancy

Fax to HealthPartners Dental Administration: (651) 265-1001
or mail to:
Mail Stop 21113A
P.O. Box 1172
Minneapolis, MN 55440-1172

6/24/2015