

CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN (CDPHP) QUICK REFERENCE GUIDE

[UHCdental.com](#)

The provider portal may be used to check eligibility, submit claims, pre-treatment estimates/preauthorizations, and view useful information regarding plan coverage. New users will need to register for the portal to get a username and password.

PROVIDER SERVICES

Phone: **877-282-7012**
Dedicated services representatives
8 a.m.–5 p.m. ET

PREAUTHORIZATION

Pretreatment Estimates/Preauthorizations
Dental Claim
P.O. Box 30605
Salt Lake City, UT 84130-0605
877-282-7012

CLAIMS

Claims address and EDI payer ID

Dental claim
P.O. Box 30605
Salt Lake City, UT 84130-0605

877-282-7012

EDI Payer ID: 52133

Corrected claims or adjustments

P.O. Box 30605
Salt Lake City, UT 84130-0605

877-282-7012

Claim disputes or appeals

Dental Appeals
P.O. Box 30569
Salt Lake City, UT 84130-0569



877-282-7012

Claims may be submitted electronically via your clearinghouse, the provider portal, or by mail.

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 Healthplex Provider Manual, sign in to [UHCdental.com](#) and select *Manuals/Other Supporting Documents* under *Quick Links*. Additional Healthplex resource documents are available at [UHCdental.com/resources](#).

SAMPLE MEMBER ID CARD

			
Plan ID (80840) 911-52133-05		Printed 09/30/25	
Member ID: QV37305E		Group Number: 10115	
Member: DOUGLAS MEDICAID		DENTAL IDENTIFICATION CARD Payer ID 52133	
0502		Product ID D0039198 Administered by Healthplex I.P.A., Inc.	
Provider should verify eligibility before providing treatment. To verify benefits, view claims or find a provider, visit the website or call.			
For Members: TTY		yourdentalplan.com/healthplex 866-263-2420 711	
For Providers: Dental Claims: P.O. Box 30605; Salt Lake City, UT 84130-0605		uhcdental.com 877-282-7012	

