



## **Oral Health Survey**

## **Complete Your Oral Health Survey**

- 1. Go to https://survey.previser.com/ddia
- 2. Complete all the questions
- 3. Click on "Submit"
- **4.** You will get an email with follow up information
- **5.** If you need help completing, the oral health survey please call 1-888-472-2793



## What will you need?



- First and last name as it appears on your DWP card
- 2. Date of birth
- **3.** Medicaid ID located on your DWP card This will be 7 numbers and 1 letter

## Need a dentist?



- **1.** Go to www.DWPlowa.com
- 2. Click on "Find a Dentist"
- 3. Click on "Dental Wellness Plan Dentist"
- **4.** Complete the search information to find a dentist in your area



Si tiene alguna pregunta o le gustaria obtener una copia gratuita de este documento en espanol, comuniquest con Delta Dental of Iowa al 1-888-472-2793. (If you have questions or would like to obtain a free copy of this document in Spanish, contact Delta Dental of Iowa at 1-888-472-2793.)