DELTA DENTAL®

Healthy Smile, Healthy You®
Enrollment Form

Enroll in *Healthy Smile, Healthy You*® for a healthier mouth and body! Regular dental checkups are more important than ever, especially if you have any of the conditions at the bottom of this form, which have been connected to gum disease. Preventing or treating gum disease helps improve your overall health.

Once enrolled, you will be eligible for one additional cleaning and exam (or periodontal maintenance procedure if you have a history of periodontal surgery) beyond your plan's ordinary limit per benefit period (or, if pregnant, during your pregnancy term). If you are undergoing cancer treatment via radiation and/or chemotherapy, you will also be eligible for an additional fluoride application beyond the age limit specified by your group contract.

ENROLLING IS EASY

Complete the form below, including your physician's name and signature. Mail or fax the completed form to:

Delta Dental of Virginia
ATTN: *Healthy Smile, Healthy You*
4818 Starkey Road
Roanoke, VA 24018

Fax: 540.725.3880

You will be enrolled when your completed enrollment form is received and processed. For questions, call customer service at 800.237.6060. *Healthy Smile, Healthy You* is available for subscribers with Delta Dental PPO℠ and Delta Dental Premier® coverage who are employed by groups that offer the program. Contact your benefits representative to find out if this benefit is available for you.

Part 1 – To be completed by enrollee

Enrollee Name	Enrollee Email Address	Subscriber Name (if different from enrollee)
Subscriber ID Number	Group Number	Group Name
Enrollee Signature		Date

Part 2 – To be completed by physician (check the box next to the condition(s) that apply):

❑ Diabetes	Date diagnosed
❑ Pregnant	Date due
❑ High-risk cardiac conditions A history of infective endocarditis, or an artificial heart valve, pulmonary shunts, conduits, or mitral or aortic valve prolapse and/or stenosis, or hypertrophic cardiomyopathy, or heart valve defects caused by acquired conditions, or certain congenital heart defects (such as having one ventricle instead of the normal two).	Date diagnosed
❑ Cancer treatment delivered via radiation and/or chemotherapy	Date treatment began
Physician Name	
Physician Signature	Date