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 listed at the bottom of this form, which have been connected to gum disease. Preventing or treating gum disease helps improve your overall body health and may even reduce risk of developing certain health conditions.

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 AS EASY AS IMPROVING YOUR SMILE.
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 in Delta Dental of Virginia's *Healthy Smile, Healthy You* program when your completed enrollment form is received and processed by Delta Dental of Virginia. Questions? Call our customer service department 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. Please 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 applies:

☐ 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	Date diagnosed: _____ 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)
☐ Cancer treatment delivered via radiation and/or chemotherapy (effective 1/1/2012)	Date treatment began: _____
Physician name	
Physician signature	Date