

Regular dental checkups are essential for our members who have certain health conditions. Evidence shows that some health conditions have a strong association with periodontal (gum) disease and that preventing or treating gum disease helps improve overall health. Because of this, Delta Dental provides members who have certain health conditions with additional benefits.

Once enrolled in *Healthy Smile, Healthy You*, 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). Members will also be eligible for an additional fluoride application, beyond their plan's age limit for pregnancy, cancer treatment, weakened immune systems, kidney failure or dialysis.

Enrolling is easy

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

Delta Dental of Virginia
 ATTN: *Healthy Smile, Healthy You*
 4818 Starkey Road
 Roanoke, VA 24018
 Email: billing@deltadentalva.com
 Fax: 540.776.8109

You will be enrolled when your completed form is processed. For questions, call 800.237.6060. *Healthy Smile, Healthy You* is available for members 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):

<input type="checkbox"/> Diabetes	Date diagnosed
<input type="checkbox"/> Pregnant	Date due
<input type="checkbox"/> High-risk cardiac conditions <small>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).</small>	Date diagnosed
<input type="checkbox"/> Cancer treatment delivered via radiation and/or chemotherapy	Date treatment began
<input type="checkbox"/> Weakened immune systems	Date diagnosed
<input type="checkbox"/> Kidney failure or dialysis	Date diagnosed
Physician name	
Physician signature	Date