



Healthy Smile, Healthy You Enrollment

ENROLLING IS EASY

Complete the form, including your physician's name and signature and mail, fax or email:

Delta Dental of Virginia
ATTN: *Healthy Smile, Healthy You*
5415 Airport Road
Roanoke, VA 24012

Email: billing@deltadentalva.com
Fax: 540.776.8109

You will be enrolled when your completed form is processed. *Healthy Smile, Healthy You*[®] is available for members enrolled in a dental plan that offers this program. Contact your benefits representative to find out if this benefit is available for you. For questions about this program, call 800.237.6060.

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 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
<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