DELTA DENTAL®

Healthy Smile, Healthy You Enrollment

ENROLLING IS EASY

Log in at **DeltaDentalVA.com/members** and click "Healthy Smile, Healthy You" at the top of the page. Scroll down and click the plus sign to enroll immediately or complete the form below and mail, fax or email to:

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 includes 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.

To be completed by enrollee (check the box next to the condition(s) that apply)

Enrollee name	Enrollee email address	Subscriber name (if different from enrollee)
Subscriber ID number	Group number	Group name
Enrollee signature		Date
☐ 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
☐ Weakened immune systems		Date diagnosed
☐ Kidney failure or dialysis		Date diagnosed
Physician name		