



# Healthy Smile, Healthy You Enrollment

## ENROLLING IS EASY

Complete the form and mail, fax or email:

Delta Dental of Virginia  
ATTN: *Healthy Smile, Healthy You*<sup>®</sup>  
5415 Airport Road  
Roanoke, VA 24012

Email: [billing@deltadentalva.com](mailto: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
<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		