

Regular dental checkups are essential for our members with certain health conditions. Evidence shows that some health conditions are strongly associated 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.

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*
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. 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