An Independent Licensee of the Blue Cross and Blue Shield Association

Oral Health for Total Health
Enhanced Dental Benefits Enrollment Form

Dear HMSA Dental Member:

This is an application for Enhanced Dental Benefits from your HMSA dental plan. This program will provide additional preventive and/or diagnostic services if you have been diagnosed with conditions identified in the Oral Health for Total Health program.

Please complete both the member and provider information sections on this form. You must sign and date the form. All information is required and must be provided to qualify for participation in the Enhanced Dental Benefits program.

The completed application can be mailed to the address on the reverse side of the form. Please allow 10 to 12 business days for your form to be evaluated and approved for enrollment. Once we have completed evaluation of your form, we will mail a Welcome Letter to you as confirmation you have qualified for participation and enrollment into the program.

Member Information

Please check the Program Qualifying Condition that you have:

☐ Diabetes ☐ Coronary Artery Disease ☐ Oral Cancer ☐ Pregnancy_____
(Indicate expected delivery date)

Subscriber Name: _____

Member Name: _____Date of Birth _____

HMSA Subscriber ID: _____

Member Address: _____

City: _____State: _____ Zip Code: _____

Member Telephone Number: (home) _____ (cell) _____

Member Email Address: _____

☐ Member agrees to receive electronic communication about the Oral Health for Total Health Program.

☐ I hereby affirm that I have been diagnosed with the condition(s) checked on the front Member Information section of this form.

Member Signature: _____ Date: _____

Physician Information

Physician Name: _____
(Please Print)

MD/DO License #: _____ State: _____

Physician Phone #: _____

Physician Address: _____

_____

Please complete and keep a copy for your records. Return this form to:

Enhanced Dental Benefits
HMSA Dental Operations
P.O. Box 1320
Honolulu, HI 96807-1320

Fax number (808) 538-8966

The information you have provided will be used exclusively to determine if you qualify for Enhanced Dental Benefits and for future contact concerning the program.

Go to **hmsadental.com/Find-A-Dentist** to find a dentist in your network.

For information about HMSA's Oral Health for Total Health program or our enhanced dental benefits, visit **hmsa.com/oralhealth** or call Customer Service at (808) 948-6440 or toll free at (800) 792-4672.

FOR INTERNAL USE ONLY:

Date received:_____ CC:_____ Date entered in THDB:_____

Notes:_____