



MASSACHUSETTS

Dental Blue® 65

ENHANCED DENTAL BENEFITS ENROLLMENT FORM

This is a self-enrollment form to receive Enhanced Dental Benefits from Blue Cross Blue Shield of Massachusetts. Enhanced Dental Benefits provide coverage for additional preventive services for members diagnosed with one or more of the qualifying medical conditions listed below. Please complete this form with your doctor and mail it back to the address provided below to receive these benefits.

Please check conditions:

- Coronary artery disease Diabetes Intellectual and/or developmental disabilities* Oral cancer
- Mental health conditions* Sjögren's syndrome Stroke

Subscriber name

Member name

Date of birth

Member address

City

State

ZIP code

Member telephone #
(Home)

Member telephone #
(Other)

Blue Cross Blue Shield of Massachusetts dental ID #

I hereby confirm that my patient has been diagnosed with the conditions listed above:

Physician signature

Date

Physician name (please print)

MD/DO

License #

State

Physician address

Physician telephone #

Complete this form, keep a copy for your records, and return to:

Enhanced Dental Benefits program
Blue Cross Blue Shield of Massachusetts
Dental Operations
P.O. Box 986040
Boston, MA 02298

*Intellectual and/or developmental disabilities and mental health conditions are being added to benefits on January 1, 2024.

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Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-678-2265** (TTY: **711**).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-678-2265** (TTY: **711**).

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