



MASSACHUSETTS

ENHANCED DENTAL BENEFITS ENROLLMENT FORM

Dear Physician:

This is an application for your patient to receive Enhanced Dental Benefits from Blue Cross Blue Shield of Massachusetts. These Enhanced Dental Benefits will provide coverage for additional preventive services to this Dental Blue® member if diagnosed with one or more of the qualifying medical conditions listed below. Please complete this form so that your patient may receive Enhanced Dental Benefits. Thank you.

(Note: Your patient's dental coverage policy must include Enhanced Dental Benefits in order to be eligible for coverage.)

Please check qualifying medical conditions:

- Diabetes
- Coronary Artery Disease
- Stroke
- Oral Cancer
- Sjögren's Syndrome
- Pregnancy (Expected date of birth ___/___/___)

Subscriber/Member Information

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 #				

Physician Information

I hereby confirm that my patient has been diagnosed with the conditions listed above.			Date ___/___/___
Physician Signature			
Physician Name (please print, circle MD or DO) MD/DO		License #	State
Physician Address		Physician Telephone #	

Please complete this form, keep a copy for your records, and return the original to:

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



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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.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).