

Dear *Healthy Smiles, Healthy Lives* Benefit Recipient:

Welcome to *Healthy Smiles, Healthy Lives* Benefits. This confidential form, when submitted to Delta Dental, will enable you to take advantage of extra dental and/or periodontal cleanings (up to a total of 4 annually), covered as preventive care, when you have certain medical conditions. Please indicate below which of the following medical condition you are experiencing. Check all that apply.

Note: If you have already received periodontal therapy and claims for those services are on file with Delta Dental, you do not need to file a self-report form. Your benefits have already been updated to provide coverage for the additional cleanings / periodontal maintenance visits.

Please note that you may complete this form or your dentist may complete it for you.

- Diabetes
- Kidney failure or undergoing dialysis
- Periodontal disease
- Pregnancy - Please provide estimated due date: ____/____/____
- Suppressed Immune System

(A suppressed immune system enables coverage when caused by one of the following: radiation treatment, chemotherapy, HIV infection, stem cell or bone marrow transplant or an organ transplant).

Patient name: _____

Patient employer: _____

Patient home address: _____

Daytime phone: _____ Mobile phone: _____

Delta Dental Subscriber ID* #: _____

(*Employee's SSN or Alternate ID Number)

I verify this is accurate and agree that Delta Dental may verify this information as recorded on the health history records retained by the attending dentist.

Signature: _____ **Date:** ____/____/____

(The person filing the report should sign. The dentist should sign if they are filing for the patient)

Now that you have completed your self-report of a medical condition that enables extra dental and/or periodontal cleanings, you can submit this to Delta Dental by mail, by fax or by email. If you are mailing your form, please mail it to:

**Delta Dental of Missouri
Attn: Customer Service
PO Box 8690
St. Louis, MO 63126-0690**

You may also email it to healthysmiles@ddpmo.org or fax it to 314-656-2900.

Questions, please call us at: 1-800-335-8266.