

Oral Health for Overall HealthSM Enrollment Form

Dear Florida Blue Member:

This is an enrollment form for the Oral Health for Overall Health program, which provides additional benefits to qualifying members based on diagnosed medical condition(s).

Please complete both the member and provider information sections. You can also easily enroll online at floridabluedental.com/members/enroll-in-oral-health-for-overall-health.

How did you hear about Oral Health for Overall Health?

- Special Delivery Nurse Condition Case Manager Dental Office Care Coordinator
 Other _____

MEMBER INFORMATION

Please check your qualifying condition(s):

- Diabetes Coronary Artery Disease Stroke Pregnancy
 Oral Cancer Head & Neck Cancers Sjögren's Syndrome _____
(expected delivery date)

Primary Policy Holder Name: _____

Enrolling Member ID (Located on your ID card): _____ Group #: _____

Enrolling Member Name: _____ Date of Birth: _____

Member Address: _____

City: _____ State: _____ Zip Code: _____

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

Member Email Address: _____

- Member agrees to receive electronic communication about the Oral Health for Overall Health program.
 I hereby affirm that I have been diagnosed with the condition(s) checked above.

Member Signature: _____ Date: _____

PROVIDER INFORMATION

Physician Name (please print): _____

Physician License #: _____ State: _____

Physician Phone #: _____

Physician Address: _____

City: _____ State: _____ Zip Code: _____

The information you have provided will be used exclusively to determine if you qualify for Oral Health for Overall Health and for future contact concerning the program. Please complete and keep a copy for your records.

Note: Processing your enrollment may take up to a month. Once approved, a welcome letter will be mailed.

Please sign and date your completed form and mail it to:

**Oral Health for Overall Health
P.O. Box 45132
Jacksonville, FL 32232**

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

For information about Florida Blue's Oral Health for Overall Health Program, visit FloridaBlueDental.com/OralHealth or call Customer Service at 888-223-4892.

BlueDental plans are offered through Florida Combined Life Insurance Company, Inc., an affiliate of Florida Blue. Both companies are Independent Licensees of the Blue Cross and Blue Shield Association.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program* (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227.

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resewva yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227.