



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 65 member if they've been diagnosed with one or more of the qualifying medical conditions listed below. Please complete this form for your patient to receive Enhanced Dental Benefits. Thank you.

Please check conditions: <input type="checkbox"/> Diabetes <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Stroke <input type="checkbox"/> Oral Cancer <input type="checkbox"/> Sjogren's Syndrome		
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)	License #	State
	MD/DO	
Physician Address	Physician Telephone #	

Please 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



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an HMO and PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal. The provider network may change at any time.

You will receive notice when necessary.

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**).