

The Oral Health Enhancement Option provides up to two additional dental cleanings or periodontal maintenance procedures (in any combination) per benefit period for members and dependents who have been treated for periodontal (gum) disease by a licensed dentist or periodontist. **Your employer or group must offer the Oral Health Enhancement Option to be eligible for these extra benefits.**

If you completed your periodontal treatment before coverage began with Delta Dental of New Jersey/Delta Dental of Connecticut, you must provide proof of treatment. You can do this in one of three ways:

- Send a copy of your explanation of benefits from your previous dental benefits carrier that shows the dates that you received periodontal surgery or periodontal scaling and root planing.
- Send a copy of the dental bill that shows the dates you received periodontal surgery or periodontal scaling and root planing.
- Have your dentist complete the form below.

If you received periodontal treatment after your effective date with Delta Dental, and your employer offers the Oral Health Enhancement Option, you will automatically be enrolled when your periodontal surgery or periodontal scaling and root planing claim is processed. You do not need to submit this form or other proof to us.

Member information:

Member name:	Patient name (if different from member):	Delta Dental ID #:
Group #:	Group name:	

Dentist information:

Dentist name:	Dentist license number:	State:
---------------	-------------------------	--------

Services received (check all appropriate):

Periodontal surgery	Date:
Periodontal scaling and root planing	Date:

Dentist signature

Date

Once completed, please return to Delta Dental.

Mail:
Delta Dental of New Jersey
P.O. 16354
Little Rock, AR 77231

Fax: 973-944-4543

Questions? Please call Customer Service at
800-452-9310.
Monday-Thursday, 8:00 a.m.–6:30 p.m. ET
Friday 8:00 a.m.–5:00 p.m. ET