



The Integrated Oral Health Option provides up to two additional dental cleanings or periodontal maintenance procedures (in any combination) per benefit period for members and dependents with diabetes, cardiovascular disease, or who are pregnant. **Your employer** or group must offer the Integrated Oral Health Option to be eligible for these extra benefits.

Member in	nformation:		
Member name	9:	Patient name (if different from member):	Delta Dental ID #:
Group #:		Group name:	
Physician	information:	<del>'</del>	
Physician name:		Physician license number:	State:
Diagnosis	(check all appro	priate):	- 1
Diabetes		Date of diagnosis:	<del></del>
Cardiovascular disease		Date of diagnosis:	<del></del>
Pregnancy		Date of diagnosis:	<u> </u>
		·	
Physician signature			Date
Once comp	leted, please return	to Delta Dental.	
Mail:		Fax:	
Delta Dental of New Jersey		973-944-4543	
P.O. 16354			
Little Rock,	AR 72231		
Questions?	Please call Customer Service at <b>800-452-9310</b> .		
	Monday - Thursday, 8:00 a.m 6:30 p.m.		
	ET Friday 8:00 a.m	n. – 5:00 p.m. ET	