

Oral Health Enhancement

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 planning claim is processed. You do not need to submit this form or other proof to us.

Member information:						
Member name:		Patient name (if diff	erent from member)		Delta Dental ID #:	
Group #:	Group name:					
Dentist information:						
Dentist name:		Dentist license number:			State:	
Services received (chec	k all ap	propriate):				
Periodontal surgery	Date:				-	
Periodontal scaling and root planing		Date:			- -	
Dentist signature					Date	
Once completed, please retu	ırn to De	elta Dental.				
Mail:	Fax: 973-944-4543 Qu		Questions?	Please call Customer Service at		
Delta Dental of New Jersey				800-452-9310.		
P.O. 16354				Monday-Thursday, 8:00 a.m6:30 p.m. E7		
Little Rock, AR 72231				Friday 8:00 a.m5:00 p.m. ET		