



Healthy Mouth, Healthy Body Enrollment Form

PREGNANT?

Enroll in Healthy Mouth, Healthy Body today for a healthier pregnancy! Regular dental check ups are more important than ever, especially when you are pregnant. Preventing or treating gum disease can only help in promoting a healthier pregnancy for you and decrease the risk of a premature, low birth weight baby.

Once enrolled, you will be eligible for one additional cleaning (or periodontal maintenance procedure if you have a history of periodontal surgery) during your pregnancy — regardless of your plan's normal frequency limits.

ENROLLING IS AS EASY AS IMPROVING YOUR SMILE.

Complete the form below, including your physician's name and signature.

Mail or fax the completed form to Delta Dental of Kentucky:

Delta Dental of Kentucky
ATTN: Healthy Mouth, Healthy Body
PO Box 242810, Louisville, KY 40224-2810
Fax: 502-736-4884

You will be enrolled in Delta Dental of Kentucky's Healthy Mouth, Healthy Body when your completed enrollment form is received by us. Questions? Call Benefit Services at 800.955.2030.

Healthy Mouth, Healthy Body Enrollment Form for Pregnant Members

Enrollee name: _____

Subscriber name: _____

Subscriber ID number: _____

Group (plan) number: _____

Group name: _____

Enrollee signature: _____

Today's date: _____

Physician name: _____

Physician signature: _____

Due date: _____