Enhanced Benefit Enrollment Request Form

Anthem

Your Anthem dental plan helps you take extra good care of your mouth.

You may be eligible for enhanced dental benefits — at no extra cost — using the form below.* Taking care of your teeth and gums is easy and can help keep your mouth free from infection. You should brush and floss daily, and see your dentist regularly. While your dental plan most likely provides coverage for preventive care services, by completing the form below you may be eligible to receive enhanced dental benefits for services including exams, cleanings, fluoride treatments, sealants, and/or periodontal care.

Simply fill out the form below and mail or email it to us — whichever is easiest for you.
Mail to: Clinical Integration Coordinator, P.O. Box 1115, Minneapolis, MN 55440-1115
Email to: enroll@anthemdentaladmin.com

Subscriber last name	First name	M.I.	Subscriber ID no.
For Group business only — Group name			Group no.

Member (e.g. spouse, child) last name	First name		M.I.
Street address	City	State	ZIP code
Home phone no.	Work phone no.		

- ☐ I have diabetes (Type I or II)
- ☐ I have cardiac (heart) disease
- ☐ I have had a cerebrovascular accident (stroke)
- ☐ I have cancer and am being treated with chemotherapy
- ☐ I have head/neck cancer and am being treated with chemotherapy and/or radiation treatment
- ☐ I am an organ transplant or bone marrow transplant patient (in work up, on the waiting list, or have received a transplant)
- ☐ I have end stage renal disease with or without dialysis (kidney disease)
- ☐ I have Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)
- ☐ I am pregnant and my expected due date is: |_|_|_|_|_|_|_|_| (MMDDYYYY)

To the best of my knowledge and belief, I am being treated for the condition or conditions noted above and with my below signature will provide proof of such condition if requested by Anthem. Additionally, upon request, I will provide a written authorization to Anthem to obtain medical records from my provider(s). If such condition cannot be verified, I will not be eligible for additional dental benefits that may otherwise be available.

Member signature X			Today's date (MMDDYYYY)
Treating physician last name	First name	M.I.	Physician phone no.

We're here to help

If you have questions, log in to anthem.com or call us at the Member Services number on your ID card.

*Coverage for enhanced dental services is an optional benefit that may not be included in your plan. Consult your certificate of coverage for eligibility and enhanced dental benefits available or check with your benefit administrator for details.

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