



Oral Health for Total Health Enrollment Form

To enroll in Oral Health for Total Health, please complete the member and provider information sections below. You can also easily enroll online at hmsadental.com/members/oral-health-for-total-health/enroll.

How did you hear about Oral Health for Total Health?

- Special delivery nurse Condition case manager Dental office Care coordinator
 Other _____

MEMBER INFORMATION

Please check your qualifying condition(s):

- COPD Coronary artery disease Diabetes End-stage renal disease
 Head and neck cancers Metabolic syndrome Oral cancer Pregnancy _____
 Stroke Sjögren's syndrome (Expected delivery date)

Primary policy holder name: _____

Enrolling member ID (Located on your ID card): _____ Group #: _____

Enrolling member name: _____ Date of birth: _____

Member address: _____

City: _____ State: _____ ZIP code: _____

Member telephone #: (home) _____ (cell) _____

Member email address: _____

- I hereby affirm that I have been diagnosed with the condition(s) checked above.
 I agree to receive electronic communication about the Oral Health for Total Health program.

Signature: _____ Date: _____

PROVIDER INFORMATION

Physician name (please print): _____

Physician license #: _____ State: _____

Physician phone #: _____

Physician address: _____

City: _____ State: _____ ZIP code: _____

The information you have provided will be used exclusively to determine if you qualify for Oral Health for Total Health and for future contact concerning the program. Please keep a copy of this form for your records.

Note: Processing your enrollment may take up to a month. If you're approved, you'll be notified by mail.

Please sign and date your completed form and mail it to:

**HMSA Dental Operations
P.O. Box 1320
Honolulu, HI 96807-1320
Fax: (808) 538-8966**

To find a dentist in your network, visit hmsadental.com/find-a-dentist.

For information about Oral Health for Total Health, visit hmsa.com/oral-health-for-total-health
or call Customer Service at (808) 948-6440 or toll free at 1 (800) 792-4672.

FOR INTERNAL USE ONLY:

Date Received: _____ CC: _____ Date Entered in THDB: _____

Notes: _____