



An Independent Licensee of the Blue Cross and Blue Shield Association

Oral Health for Total HealthSM Enrollment Form

Dear HMSA Dental Member:

This is an enrollment form for the Oral Health for Total Health program, which provides additional benefits to qualifying members based on diagnosed medical condition(s).

Please complete both the member and provider information sections. 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):

- Diabetes Coronary Artery Disease Stroke Pregnancy
 Oral Cancer Head & Neck Cancers 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: _____

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

Member 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 complete and keep a copy for your records.

Note: Processing your enrollment may take up to a month. Once approved, a welcome letter will be mailed.

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**

Go to hmsadental.com/find-a-dentist to find a dentist in your network.

For information about HMSA's Oral Health for Total Health Program, visit hmsa.com/oralhealth or call Customer Service at (808) 948-6440 or toll free at (800) 792-4672.

FOR INTERNAL USE ONLY:

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

Notes: _____