



MASSACHUSETTS

ENHANCED DENTAL BENEFITS ENROLLMENT FORM

This is a self-enrollment form to receive Enhanced Dental Benefits from Blue Cross Blue Shield of Massachusetts. Enhanced Dental Benefits provide coverage for additional preventive services for members diagnosed with one or more of the qualifying medical conditions listed below. Please complete this form with your doctor and mail it back to the address provided below to receive these benefits.

(Your dental coverage policy must include Enhanced Dental Benefits in order to be eligible for coverage.)

Please check qualifying medical conditions:

- Diabetes
- Coronary artery disease
- Stroke
- Pregnancy (expected date of birth ___/___/___)
- Oral cancer
- Sjögren's syndrome
- Intellectual and/or developmental disabilities*
- Mental health conditions*

Subscriber/Member Information

Subscriber Name	Member Name	Date of Birth ___/___/___	
Member Address	City	State	ZIP Code
Member Telephone # (Home)	Member Telephone # (Other)		
Blue Cross Blue Shield of Massachusetts Dental ID #			

To Be Completed By Your Doctor

I hereby confirm that my patient has been diagnosed with the conditions listed above.		Date ___/___/___
Doctor's Signature		
Doctor's Name (please print, circle MD or DO) MD/DO	License #	State
Doctor's Address	Doctor's Telephone #	



Complete this form, keep a copy for your records, and return the original to:

Enhanced Dental Benefits Program
 Blue Cross Blue Shield of Massachusetts
 Dental Operations
 P.O. Box 986040
 Boston, MA 02298

*Intellectual and/or developmental disabilities and mental health conditions are being added to benefits on renewal, starting October 1, 2023.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.



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Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).