



Dental XtraSM Benefits Enrollment Form

Dear Arkansas Blue Cross and Blue Shield Member:

This is an enrollment form for Dental Xtra benefits as part of your Arkansas Blue Cross dental plan. This program will provide additional benefits based on the medical condition(s) for which you have been diagnosed.

Please complete both the member and provider information sections on this form. Please sign and date the form. All information is required to qualify for Dental Xtra. The completed application can be mailed to the address on other page of the form.

Note: It may take up to a month for us to process your enrollment. Once your enrollment is processed, you will receive a welcome letter in the mail. For more information about Dental Xtra benefits, please contact customer service at 888-223-4999.

How did you hear about Dental Xtra Benefits?

Special Delivery Nurse Condition Case Manager Other _____

MEMBER INFORMATION

Please check the qualifying condition(s) that you have:

Diabetes Coronary Artery Disease Stroke Oral Cancer Sjögren's Syndrome Pregnancy _____
(expected delivery date)

Primary Policy Holder Name: _____ Date of Birth: _____

Group Number: _____ Enrolling Member ID (Located on your ID card): _____

Enrolling Member Name: _____ Date of Birth: _____

Member Address: _____

City: _____ State: _____ Zip Code: _____

Member Telephone Number: (home) _____ (cell) _____

Member Email Address*: _____

Member agrees to receive electronic communication about the Dental Xtra program.

I hereby affirm that I have been diagnosed with the condition(s) checked on the front Member Information section of this form.

Member Signature: _____ Date: _____

PROVIDER INFORMATION

Physician Name (Please Print): _____

Physician License #: _____ State: _____

Physician Phone #: _____

Physician Address: _____

City: _____ State: _____ Zip Code: _____

Please complete and keep a copy for your records.

Return this form to:

**Dental Xtra
c/o P.O. Box 45132
Jacksonville, FL 32232**

The information you have provided will be used exclusively to determine if you qualify for Dental Xtra and for future contact concerning the program.

Go to arkansasbluecross.com/members/dental to find a dentist in your network.

For more information about Arkansas Blue Cross Dental Xtra,
visit arkansasdentalblue.com or call Customer Service at 1-888-223-4999.

