



Extra Dental Benefits Enrollment Form

Blue Dental PlansSM

To see if you are eligible for extra dental benefits, please call the number on the back of your Blue DentalSM ID card. Or, log in to your myWellmark[®] account at myWellmark.com for your full list of dental benefits. Then, follow these steps to get your extra benefit(s) from an in-network dentist at no additional cost.

1. Fill out the form below.*
2. Send it to Wellmark electronically using:
Email: EnhancedDentalBenefit@wellmark.com
Mail: Wellmark Blue Cross and Blue Shield, PO Box 9354, Des Moines, Iowa 50306-9354
Fax: 855-396-8416
3. Schedule an appointment with an in-network dentist.

Patient Information:

Name: _____ Date of Birth: ____/____/____

Address: _____

Phone Number: (home) _____ (work) _____

Email Address: _____

Select condition(s) that apply:

Diabetes

Pregnant and my expected due date is ____/____/____

Heart condition

Stroke

Organ or bone marrow transplant

Cancer treated with chemotherapy

Head or neck cancer treated with chemotherapy and/or radiation therapy

Suppressed immune system (HIV/AIDS)

End-stage renal (kidney) disease

Insurance Information (please refer to your dental ID card):

Member Name: _____

Wellmark ID Number: _____ Group Number: _____

Group Name: _____

Provider Information:

Name of Treating Physician: _____

Phone Number of Physician: _____

Patient Signature: _____ Today's Date: ____/____/____

I hereby certify that I am being treated for the condition(s) I selected in the patient information section as of the above signature date and will provide proof of such condition if requested. Additionally, upon request, I will provide a written authorization to obtain medical records from my provider(s). If such condition cannot be verified, I will not be eligible for coverage for the enhanced benefit available under this program.

*Your claim for an additional cleaning may deny until Wellmark receives this form and verifies your benefits.

