

BlueDentalSM Prevention +1 Program

Self-Identification Form



For Blue Cross[®] Blue Shield[®] of Arizona (AZ Blue) BlueDental members who are pregnant or diabetic, our Prevention +1 program offers additional preventive dental benefits.

To Enroll:



If you are pregnant, simply fill out the form below and fax or mail it to AZ Blue. Then, as long as you stay with BlueDental, we will cover either one additional teeth cleaning or one periodontal maintenance procedure this year, and one next year.



If you have diabetes, simply fill out the form below and fax or mail it to AZ Blue. Then, for as long as you stay with BlueDental, we will cover either one additional teeth cleaning or one periodontal maintenance procedure each year.

You can FAX this form to **1-833-517-1939**, or mail it to:

**Blue Cross Blue Shield of Arizona
P.O. Box 211424
Eagan, MN 55121**

Subscriber Name _____

Group Number _____ Subscriber ID No. _____

Member Name _____

Member Phone _____

Physician Name _____ Physician Phone _____

Specific Condition *(please check one)*:

Date _____

☐

Pregnant

☐

Diabetic

By signing this self-identification form, I am certifying that I have the specific condition checked above, and that I will provide proof to AZ Blue if requested.

Member Signature _____

Thank you for participating in this program. If you have questions, please call **1-888-271-7806**.

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