Northeast Delta Dental
One Delta Drive
PO Box 2002
Concord, NH 03302-2002
800-537-1715
www.nedelta.com

CARE MANAGEMENT FORM

PLEASE TYPE OR PRINT LEGIBLY — IN BLUE OR BLACK INK ONLY

This form is to be used by individuals who are enrolled in the medical and dental options of the Harvard Pilgrim Health Plan and Northeast Delta Dental Coordinated Products to notify us of a medical condition which may allow for additional dental benefits.

You or your family members may be eligible for up to four prophylaxis and/or periodontal prophylaxis (cleanings) benefits in a 12 month period if you have one of the following medical conditions. Please check the condition below and complete the following additional information necessary to update our records.

☐ **Diabetes** ☐ **Pregnancy**

Subscriber Name:

_____

Subscriber Address:

_____

Subscriber Telephone Number:

_____

Group Number from Northeast Delta Dental ID Card:

_____

Subscriber Number from Northeast Delta Dental ID card:

_____

Patient Name (individual with the medical condition):

_____

Patient's Date of Birth:

_____

Relationship to Subscriber:

☐ **Self** ☐ **Spouse** ☐ **Dependent Child** ☐ **Other**

This form must be signed by the patient or parent if the patient is under the age of 18, as well as the treating physician. You may FAX the completed form to us at 603-223-1252 or mail it to our Eligibility department at the address above. If you have any questions, please contact our Customer Service Department at 1-800-832-5700.

I hereby affirm that to the best of my knowledge and belief, the information provided on this document is true and accurate. I hereby authorize the use of my individually identifiable personal health information as described above. I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation, in writing, to the entity providing the information.

Parent* or Patient Signature Date

Treating Physician Signature Date

*If patient is under age 18, parental signature is required

Additional benefits are effective the date this form is received by Northeast Delta Dental.