



Integrated Oral Health Option

The Integrated Oral Health Option provides up to one additional dental cleaning per benefit period for members and dependents who are pregnant.

Member information:

Member name:	Patient name (if different from member):	Delta Dental ID #:
Group #:	Group name:	

Physician information:

Physician name:	Physician license number:	State:
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Diagnosis :

Pregnancy	Date of diagnosis:
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Physician signature

Date

Once completed, please return to Delta Dental.

Mail:
Delta Dental of New Jersey
P.O. 16354
Little Rock, AR 72231

Fax:
973-944-4543

Questions? Please call Customer Service at **800-452-9310**.
Monday - Thursday, 8:00 a.m. - 6:30 p.m.
ET Friday 8:00 a.m. - 5:00 p.m. ET