

Prevention +1 Self-Identification Form

Extended preventive benefits for members who are pregnant or diabetic

For Pregnant Members – simply complete this self-identification form and fax or mail to Blue Cross Blue Shield of Arizona. You will then be eligible to receive, while you remain a BlueDental member, coverage for one additional prophylaxis procedure (teeth cleaning) or one additional periodontal maintenance procedure during the balance of this calendar year and during the following calendar year.

For Diabetic Members – simply complete this self-identification form and fax or mail to Blue Cross Blue Shield of Arizona. You will then be eligible to receive, while you remain a BlueDental member, coverage for one additional prophylaxis procedure (teeth cleaning) or one additional periodontal maintenance procedure in each year of enrollment.



Please FAX this form to 1-888-208-8290 or mail to:

Blue Cross Blue Shield of Arizona
251 18th Street South, Suite 900
Arlington, VA 22202

Subscriber Name _____

Group Number _____ Subscriber ID No. _____

Member Name _____

Member Phone _____

Physician Name _____ Physician Phone _____

Specific Condition:

Please check one

Pregnant

Diabetic

Date: _____

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

Member Signature _____

Thank you for participating in this program.

If you have questions, please call 1-888-271-7806