

Application for Extended Dependent Dental Plan Eligibility

Delta Dental of New Mexico

Note: Delta Dental of New Mexico can accept a Social Security disability award letter in place of Part 2 of this form (attending physician's documentation). The award letter must state on which date the dependent became disabled and whether it is a temporary or permanent disability.

Part 1 - To Be Completed by Employee or Primary Plan Participant and/or Authorized Representative

Name of Employee or Primary Plan Participant: _____

Social Security No. or Dental Plan ID #: _____

Dependent's Name: _____ Dependent's DOB: _____

As an Authorized Representative (parent, guardian, etc.), I authorize release of all medical information on the above named dependent, including medical history, diagnosis, prognosis, and treatment of any physical or mental condition.

Name (Please Print): _____ Relationship to Dependent: _____

Signature: _____ Date Signed: _____

Part 2 - To Be Completed by Dependent's Attending Physician

Primary diagnosis: _____

Other related diagnosis: _____

Date patient first consulted you for these conditions: _____

Date of most recent visit: _____

Describe the patient's physical, mental, and cognitive limitations and work/activity limitations:

Is the patient totally disabled? Yes No

Please provide the date the patient became totally disabled: _____

When do you expect a fundamental or marked change in patient's condition?

Check One: Never Condition Expected to Regress Condition Expected to Improve

If applicable, anticipated date of recovery: _____

Or, unable to determine: Follow up in _____ months.

Remarks: _____

Physician's Signature: _____ Date: _____

Physician's Name (Please Print): _____

Physician's Address: _____

Physician's Phone Number: _____

Part 3 - To Be Completed by the Person Submitting this Form

Signature of the Person Submitting this Form: _____

Name of the Person Submitting this Form (Please Print): _____

Date: _____

Return this Form to:

Delta Dental of New Mexico
2500 Louisiana Blvd. NE STE. 600
Albuquerque, NM 87110

Telephone: (505) 883-4777
Toll-Free: (800) 999-0963
Fax: (505) 883-7444