



State of Rhode Island Rewards for Wellness Program Dental Exam/Cleaning Form

Eligible employees* will qualify for the \$50 dental exam/cleaning co-share credit by having a dental exam and/or cleaning between **January 1 – December 31, 2024** and submitting this form (as needed).

Please answer the following question to determine if you need to complete this form:

Are you enrolled in the State of RI Delta Dental Plan?

Yes

No

If you answered **Yes**, you **DO NOT** need to complete this form. Delta Dental has your exam/cleaning information and will report your activity completion to the State directly.

If you answered **No**, please complete the rest of this form and submit it as instructed below.

Employee Information (to be completed by employee)

Name (please print): _____

Date of Birth: _____

Contact Phone Number: _____

Delta Dental Subscriber/Member ID (on Delta Dental card) OR SSN: _____

Dental exam and/or cleaning (must be completed and signed by a dentist)

Date: _____

I certify that the patient named above has received an exam and/or cleaning.

Dentist's Signature: _____ Date: _____

Name of Dentist: _____

Dentist address: _____

Dentist telephone: _____

In accordance with HIPAA, no personal health information will be shared with the State of Rhode Island.

Mail/fax completed form by December 31, 2024 to:

Delta Dental of RI
10 Charles Street
Providence, RI 02904

Fax Number: 401-752-6060
Attn: Sales

Please keep a copy of your fax confirmation for proof of submission.

* Only active State of Rhode Island employees who are paying State medical co-share premiums **at the time of the incentive payout(s)** are eligible to receive co-share credits.

