



# Enrollee Healthy Behaviors Incentive Form

Filling out this form enrolls you into LIBERTY Dental Plan’s Healthy Behaviors Program. Rewards are only issued when all eligibility requirements for the program are met based on provider/claims data or other reliable sources.

You may get a Healthy Reward\* if you:

1. Are enrolled in FL Medicaid program with LIBERTY Dental Plan
2. Get a dental checkup or other preventive care from your primary dentist,
3. Fill out the Healthy Behaviors Incentive Form and submit to LIBERTY Dental,
4. Opt-in to the LIBERTY’s text messaging program, and
5. Provide a valid email address.

Enrollee Name:		Email:	
Date of Birth:	Medicaid ID No.:	Phone No.:	
Address:		<input type="checkbox"/> Cell phone	
		Delivery Due Date: (pregnant woman)	

<input type="checkbox"/> I agree to opt-in to LIBERTY’s text messaging program.
<input type="checkbox"/> I agree to receive emails from LIBERTY or their gift card vendor.

Date of Service:	Dentist Name:
Dental Office:	

\*Final rewards are only issued when eligibility and all the conditions mentioned above are met. Gift cards are subject to program eligibility. We base our data on dental claims and other sources. Please allow up to 6 weeks to receive your reward.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or email the completed form to: LIBERTY Dental Plan of Florida  
P.O. Box 15149  
Tampa, FL 33684-5149  
Email: [gm@libertydentalplan.com](mailto:gm@libertydentalplan.com)

This is not a reimbursement form. Questions? We can help you. Please call LIBERTY’s Member Services Department, Monday through Friday from 8:00 a.m. to 8:00 p.m. (ET), at 1.833.276.0850, TDD 1.877.855.8039.