



FL Healthy Behavior (HB) Program Incentive Request Form

Instructions:

Provide all responses using a blue or black pen. You can also complete this form online at: www.libertydentalplan.com/FLMedicaid. Complete one form for each person in your family who is enrolling in one of LIBERTY’s Healthy Behavior Programs. If you have questions, please call LIBERTY Dental Plan of Florida (LIBERTY) toll-free at 1.833.276.0850. You may be able to speak with a live person Monday through Friday between 8:00 am and 8:00 pm. TTY/TDD users should dial 1.877.855.8039.

Filling out this form enrolls you into a HB Program. Rewards are only issued when all eligibility requirements for the program are met based on provider/claims data or other reliable sources.

Enrollee Name:		
Date of Birth:	Medicaid ID No.:	Phone No.:
Address:		Delivery Due Date: (pregnant woman)
Email:		

I agree to opt-in to LIBERTY’s text messaging program.

I agree to receive emails from LIBERTY or their gift card vendor.

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. And/or complete the brushing challenge.
4. Fill out the Healthy Behaviors Incentive Form and submit to LIBERTY Dental,
5. Opt-in to the LIBERTY’s text messaging program, and
6. Provide a valid email address.

* Final rewards are based on supplies available, program eligibility and criteria and age of enrollee. Selections are not guaranteed. Gift cards are subject to program eligibility. We base our data on dental

Please mail the completed form to: LIBERTY Dental Plan of Florida
P.O. Box 15149
Tampa, FL 33684-5149

Printed Name:	Signature:	Date Signed:
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This is not a reimbursement form. Questions? We can help you. Please call LIBERTY’s Member Services Department at 1.833.276.0850, TTY/TDD 1.877.855.8039



Discrimination is against the law. LIBERTY Dental Plan (“LIBERTY”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LIBERTY does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

LIBERTY provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

LIBERTY provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters
- Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact LIBERTY’s Civil Rights Coordinator, Sydney Lee.

If you believe LIBERTY has failed to provide these services or has discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with LIBERTY’s Civil Rights Coordinator, Sydney Lee:

- **Phone:** 888-704-9833
- **TTY:** 877-855-8039
- **Fax:** 833-250-1814
- **Email:** CivilRightsComplaint@libertydentalplan.com
- **Online:** <https://www.libertydentalplan.com/Members/File-a-Grievance-or-Appeal.aspx>

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sydney Lee, Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <http://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>



LIBERTY's HIPAA Privacy Notice provides you with information about your rights and our legal duties and privacy practices with respect to Protected Health Information (PHI), including how we use and disclose your PHI. You can always request a written copy of our most current privacy notice from LIBERTY's Privacy Officer by calling 888.704.9833, or online at: www.libertydentalplan.com/HIPAA-Privacy-Notice

Auxiliary Aids

This information is available for free in other languages. Please contact our customer service number at 1-833-276-0850 and TTY/TTD 1-877-855-8039, Monday through Friday from 8:00 a.m. to 8:00 p.m. (ET).

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Spanish: Esta información se encuentra disponible de forma gratuita en otros idiomas. Si usted no habla inglés, llámenos al 1-833-276-0850; TTY: 1-877-855-8039. Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.

Spanish: Esta información está disponible de forma gratuita en otros formatos. Si usted no habla inglés, llámenos al 1-833-276-0850; TTY: 1-877-855-8039. Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.

Haitian Creole: Enfòmasyon sa a disponib gratis nan lòt lang. Si ou pa pale lang Anglè, rele nou nan 1-833-276-0850; TTY: 1-877-855-8039. Nou ka jwenn sèvis entèprèt pou ou, epitou nou kapab ede reponn kesyon ou yo nan lang ou pale a. Nou kapab ede ou jwenn yon pwofesyonèl swen sante ki kapab kominike avèk ou nan lang ou pale a."

Haitian Creole: "Enfòmasyon sa yo disponib gratis sou lòt fòm. Si ou pa pale lang Anglè, rele nou nan 1-833-276-0850; TTY: 1-877-855-8039. Nou ka jwenn sèvis entèprèt pou ou, epitou nou kapab ede reponn kesyon ou yo nan lang ou pale a. Nou kapab ede ou jwenn yon pwofesyonèl swen sante ki kapab kominike avèk ou nan lang ou pale a."

Vietnamese: Thông tin này được cung cấp miễn phí bằng các ngôn ngữ khác. "Nếu bạn không nói được tiếng Anh, hãy gọi cho chúng tôi theo số 1-833-276-0850; TTY: 1-877-855-8039. Chúng tôi có quyền truy cập vào các dịch vụ thông dịch viên và có thể giúp trả lời các câu hỏi của bạn bằng ngôn ngữ của bạn. Chúng tôi cũng có thể giúp bạn tìm một nhà cung cấp dịch vụ chăm sóc sức khỏe có thể nói chuyện với bạn bằng ngôn ngữ của bạn."

Vietnamese: "Thông tin này được cung cấp miễn phí bằng các định dạng khác. Nếu bạn không nói được tiếng Anh, hãy gọi cho chúng tôi theo số 1-833-276-0850; TTY: 1-877-855-8039. Chúng tôi có quyền truy cập vào các dịch vụ thông dịch viên và có thể giúp trả lời các câu hỏi của bạn bằng ngôn ngữ của bạn. Chúng tôi cũng có thể giúp bạn tìm một nhà cung cấp dịch vụ chăm sóc sức khỏe có thể nói chuyện với bạn bằng ngôn ngữ của bạn."