



Provider Notification of Diabetes or Pregnancy for HealthPartners Members

Please fax this form to HealthPartners when you have learned of a Type 1 or Type 2 diabetes or pregnancy diagnosis to ensure that extended benefits are applied when dental claims are processed. You only need to send in this form one time for each unique member.

Today's Date: _____ Treating Dentist: _____

Clinic Name: _____

Phone number: _____

Member Name: _____

HealthPartners Member ID Number: _____

Please check one of the following:

- Member has informed you that she/he has been diagnosed with Type 1 or Type 2 Diabetes**

- Member has informed you that she has been diagnosed with Pregnancy**

Fax to HealthPartners Dental Administration: (651) 265-1001

or mail to:

Mail Stop 21113A

P.O. Box 1172

Minneapolis, MN 55440-1172

dentalclaimsattach@healthpartners.com