



If you wish to nominate a particular general dentist or specialist for the Care PPO dental network, please complete this form and mail, fax or e-mail your nomination to:

Careington International  
c/o Provider Relations  
7400 Gaylord Parkway  
Frisco, TX 75034

Fax: 800-247-4450  
E-mail: [provider@careington.com](mailto:provider@careington.com)

**Group Name:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Provider:** \_\_\_\_\_

**Please circle one of the following:**    **General Dentist**    **Specialist**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you would like to be advised of the result of your nomination, please include your name and telephone number above.

Careington will make every attempt to contact your nominated provider within three business days of receipt of this nomination. We invite you to visit [www.careington.com](http://www.careington.com) for updated provider information. Careington's Customer Service Department can also be reached at 800-290-0523 if you have questions regarding your plan design or provider issues. Customer service is available from 7:30 a.m. to 5:30 p.m. CST.

Your time and assistance in completing this form is appreciated and will help us to provide you with the provider access you deserve. Thank you for submitting this nomination.