

DentalGuard Preferred Dentist Nomination Form

I would like to nominate my dentist for inclusion in the DentalGuard Preferred Provider Network. I understand that DentalGuard Preferred/Guardian retains final authority for approving membership in the network. I also understand that DentalGuard Preferred/ Guardian may use my name when contacting my dentist and inform them of my desire for them to join the network. You can also nominate online at www.GuardianLife.com.

NOTE: This form does not serve as an enrollment form for dental coverage or to register with the dental office as a patient.

Date: _____ Group Plan #: _____

MEMBER INFO:

Employer: _____

Patient: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

DENTIST INFO:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Specialty: _____

E-mail: _____

Please submit completed form to:

Guardian
DentalGuard Preferred
Attn: Network Management
P.O. Box 981574
Spokane, WA 99210-9817

Fax: 509-468-6550

Online at www.GuardianLife.com

