



**BlueCross BlueShield
of Texas**

Dental Provider Nomination Form

To nominate a dentist, complete the fields below or call Customer Service using the toll-free number on the back of your ID Card.

Asterisks (*) indicate required fields.

MEMBER INFORMATION

Employee Full Name*

Employer Name*

DENTAL PROVIDER INFORMATION

Practice Name

Dentist Name*

Select Dentist Type*

General Dentist
 Endodontist
 Oral Surgeon

Orthodontist
 Pediatric Dentist
 Periodontist

Prosthodontist

Address*

City* State* Zip Code*

County

Phone Number*

Provider E-mail

Return Completed Form to:
Dental Network of America
Attn: Network Development
Two TransAm Plaza Drive, Suite 500
Oakbrook Terrace, IL 60181

Fax Completed Form to:
Fax # (630) 691-0290
Attn: Network Development