

Dentist Nomination Form

To determine if your dentist is a participating provider with The Dental Care Plus Group (DCPG), search our online directory at: **fad.DentalCarePlus.com**. If your dentist is not listed, simply fill out the nomination form below so that we may contact him/her and extend an invitation to join our networks.*

Today's Date: _____

Your Name: _____

Dentist Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

County: _____ Phone Number: _____

May we use your name in our recruiting efforts with your dentist?

Yes No

Please return completed form: Email: meisenmann@dentalcareplus.com – **OR** – FAX: 513-618-3881, Attn: Provider Relations – **OR** – Mail: The Dental Care Plus Group, Attn: Provider Relations, 100 Crowne Point Place, Cincinnati, OH 45241

*The completion of this form is a request for DCPG to begin the recruitment process with your dentist. This does not guarantee that your dentist will become a participating provider.

For more information, contact our Provider Relations team at 800-367-9466 or visit www.MyDentalCarePlus.com.