

## Dentist nomination form

Please visit our website at **CapitalBlueMedicare.com** or call our Member Services department at **800.779.6962** (TTY: 711) for BlueJourney HMO or **866.987.4213** (TTY: 711) for BlueJourney PPO, from 8:00 AM – 6:00 PM Monday – Friday, with extended hours from October 1st – December 7th, to see if your dentist is in our network. If your dentist is not in our network, please use this form to recommend him/her for consideration in the Capital Blue Cross Dental network. We will contact your dentist and ask them to join our network of participating providers.

Please understand there may be instances where the dentist chooses not to participate with Capital Blue Cross Dental, or Capital Blue Cross Dental chooses not to accept the dentist's application due to the stringent credentialing process.

To nominate your dentist, please complete this form and send it to us at the address or fax number listed below.

### Your information:

Member name:
Member phone number: (       )
Employer/group name:

### Dentist information:

Dentist name:	
Office/practice name:	
Street address:	
City:	State:
Office/practice phone number: (       )	

Please mail or fax the completed form to:

### Capital Blue Cross Dental

Provider Services  
251 18<sup>th</sup> Street, STE 900  
Arlington, VA 22202

Fax: **877.388.1397** or **703.859.7730**

BlueJourney PPO is offered by Capital Advantage Insurance Company®, a Medicare Advantage organization with a Medicare contract. BlueJourney HMO is offered by Keystone Health Plan® Central, a Medicare Advantage organization with a Medicare contract. Enrollment in BlueJourney PPO and BlueJourney HMO depends on contract renewal. Capital Blue Cross Dental is issued by Capital Advantage Assurance Company®, a subsidiary of Capital Blue Cross. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.