

Dentist Nomination Form

Please visit our website at **CapitalBlueMedicare.com** or call our Member Services department, at **1-800-779-6962** (TTY: 711) for BlueJourney HMO or **1-866-987-4213** (TTY: 711) for BlueJourney PPO, 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 BlueCross Dental network. We will contact your dentist and ask him/her to join our network of participating providers.

Please understand there may be instances where the dentist chooses not to participate with BlueCross Dental, or BlueCross 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:

BlueCross Dental

Provider Services
251 18th Street, STE 900
Arlington, VA 22202

Fax: 1-877-388-1397 or 1-703-859-7730

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. BlueCross DentalSM is issued by Capital Advantage Assurance Company®, a subsidiary of Capital BlueCross. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.