Dentist nomination form

If you would like to nominate a dentist or dental office to join the network, please complete the following information:

Dentist name
Practice name
Dentist address
City
State
Zip
Dentist phone number
Your name
Your phone number
Please check your plan type Blue Shield Dental PPO Blue Shield Dental HMO
To complete your dental provider nomination, please either:
Fax the completed form to (800) 329-2742 , Attention Dental Network Recruitment
☐ Attach this form to an email directed to: SpecialtyBenefitsHD@blueshieldca.com
Next steps : A dental network recruiter will contact the nominated dental office to see if they would like to join the network of participating dental providers. Please allow four to six weeks for the recruitment efforts to be completed.
The control of a value page of the p

Thank you for your nomination.