Provider Nomination

If you would like your Dentist to be invited to join the **Care**ington network, please complete this form and return (FAX) or mail to:

Careington / QBI
Provider Nomination
2501 Parkview Dr, Suite 210
Fort Worth, Texas 76102

FAX – 817-377-8826

Nomination submitted by _____ Date _____

- ❑ I am a **Care**ington Member – Member ID# _____
- ❑ I am a **Care**ington Agent – Agent Code _____
- ❑ I am a **Care**ington Group – Group Code _____
- ❑ Other _____

Provider Data

- ❑ General Dentist
- ❑ Periodontist
- ❑ Endodontist
- ❑ Pedodontist
- ❑ Oral Surgeon
- ❑ Orthodontist
- ❑ Prosthodontist

Provider's Name _____

Office or Clinic Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contact Name _____

*Please note: Incomplete requests will not be processed. We will gladly contact your provider in regards joining the network. The decision to participate is at the sole discretion of your provider.

Thank You!