

Managed DentalGuard Dentist Nomination Form

I would like to nominate my dentist for inclusion in the Managed DentalGuard Provider Network. I understand that Managed DentalGuard/Guardian retains the final authority for approving membership in the network. I also understand that Managed DentalGuard/Guardian may use my name when contacting my dentist and inform them of my desire for them to join the network. You can also nominate online at www.GuardianLife.com.

NOTE: This form does not serve as an enrollment form for dental coverage or register with the dental office as a patient.

DATE: _____

Group Plan #: _____

MEMBER INFO:

Employer: _____

Patient: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

DENTIST INFO:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Specialty: _____

Email: _____

Please submit completed form to:



Managed DentalGuard
Attn: Network Management
PO Box 2465
Spokane, WA 99210-9817
Online at www.GuardianLife.com
Fax: 509-468-6550