

# Provider Nomination

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

**Careington / QBI**  
Provider Nomination  
1203 Lake Street, Suite 210  
Fort Worth, Texas 76102  
**FAX – 817-377-8826**

Nomination submitted by \_\_\_\_\_ Date \_\_\_\_\_

- I am a **Careington** Member – Member ID# \_\_\_\_\_
- I am a **Careington** Agent – Agent Code \_\_\_\_\_
- I am a **Careington** Group – Group Code \_\_\_\_\_
- Other \_\_\_\_\_

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## Provider Data

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

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!**