



If your dentist is not on the Dental Care Plus Participating Provider List, please fill out the information below so that we may contact your dentist and invite him/her to join our network.

Dentist's Name _____

Address _____

City, State, Zip _____

County _____ **Phone Number** _____

Your name _____ **Employer** _____

Date of enrollment meeting or today's date _____

May we refer to your name in our recruiting efforts with your dentist?

Yes _____ **No** _____

Please return this form with your application or you may fax this form to 513-554-3187 attention Provider Relations. The completion of this form is a request for Dental Care Plus to begin the recruitment process with your dentist. The completion of this form does not guarantee that your dentist will become a Dental Care Plus participating provider. You may search our online directory of Dental Care Plus providers at www.dentalcareplus.com.