



CBA Blue

An independent licensee of the Blue Cross and Blue Shield Association.

Dental Blue® Network Provider Nomination Form

Please complete this form if your provider is not currently a part of CBA Blue's Dental Blue Network and you would like him/her to be considered. A nomination by a member does not guarantee that the provider will automatically be added to the network. Every effort will be made to accommodate your request.

Instructions:

- 1) Complete the Member Section of the form.
- 2) Complete the Provider Section of the form.
- 3) Click the Submit by Email button located in the top left-hand corner of the screen.

To nominate more than one provider, after you have clicked the Submit by E-mail button, click the Reset Form button located in the top right hand corner of the screen and repeat the procedure.

Member Information

Name

Member Number

Employer

Group Number

Provider Information

Provider Name

Practice Name (if any)

Provider Address

City

State

ZIP Code

Phone Number