

Guardian PPO Preferred Dentist Nomination Form

I would like to nominate my dentist for inclusion in the Guardian PPO Preferred Provider Network. I understand that the Guardian retains final authority for approving membership in the provider network. I also understand that the Guardian may use my name when contacting my dentist and inform him/her of my desire for them to join the network.

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

Date: _____

Patient's Name: _____

Phone: _____

Address: _____

DENTIST

Name: _____

Address: _____

Phone: _____

Specialty: _____

Please submit completed form to:

Guardian
Guardian PPO Preferred
P.O.Box 981574
El Paso, TX 79998-1574

or FAX to: 509-468-6550

