



## **Dentist Nomination Form**

Please visit our website at [www.argusdental.com](http://www.argusdental.com) or call our Customer Care department at (877) 864-0625 to see if your dentist is in our directory. If your dentist is not listed in our directory, please use this form to recommend him/her to Argus. We will contact your dentist and ask him/her to join our network of partnering providers. Please complete this form and return it to Argus Dental Plan, Inc. at the address or fax number listed below in order to expedite the processing of your request.

### **Dentist Information**

Dentist Name: \_\_\_\_\_

Office/Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Specialty: \_\_\_\_\_

Office Manager: \_\_\_\_\_

### **Member Information**

Member Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

Argus Member #: \_\_\_\_\_

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please mail or fax the completed form to:

**Argus Dental Plan, Inc.  
Provider Relations Department  
4010 W. State St.  
Tampa, FL 33609  
Fax 813-490-0093 or 813-490-0092**