

Dentist Participation & Nomination Referral Form

Dear BeneCare Member:

Please complete the information below if we do not currently have your dentist listed as a participating provider. We will promptly contact your dentist with the necessary information they need to join our network regarding your referral request. If there is more than one office you wish us to contact please feel free to attach an additional request.

Dentist/Practice name: _____

Address: _____

City _____ State: _____ Zip code _____

Telephone #: _____ Fax #: _____

Please complete with your information

Members name: _____

Address: _____

City: _____ State _____ Zip Code _____

Please return your request to the address below, **or fax to 215.440.1021**

BeneCare Dental Plans
615 Chestnut Street, Suite 1001
Philadelphia, PA 19518
800.843.4727

Administered By:

BeneCare[®]
DENTAL PLANS