



If your dentist is not on the Dental Care Plus Online Directory, 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 (do not abbreviate)** _____

Date of enrollment meeting or today's date _____

May we use 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 513-618-3881 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.

Please search our online directory for the most current Dental Care Plus providers at www.dentalcareplus.com.