



Preferred Provider Nomination Form

I would like to nominate my dentist for inclusion in the **Cypress Ancillary Preferred Provider** network. I understand that Cypress may use my name when contacting my dentist and inform him / her of my desire for them to join the network.

Date: _____

Your Information:

Name: _____

Phone and Email: _____

Employer: _____

Plan name: PPO DHMO (Choose one)

Dentist Information:

Provider Practice Name: _____

Dentist Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

General Dentist Specialist Orthodontist

Please submit this form by:

Email: providerservices@cypressadmin.com

Fax: 209-478-5614

Note: DenteMax is not an insurance provider; it's a dental solutions company that owns various national Preferred Provider Organizations (PPO) dental networks, which it leases to companies like Cypress Ancillary Benefits. All DenteMax dentists agree to our set fees and contractual obligations. Please note, your dentist may receive communications from a DenteMax network recruiter, if you turn in this Cypress Nomination form.

