



## 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](mailto: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.

