



Provider Recruitment Request

If your health care provider is not currently participating in the DDS CareNet dental network, please complete this recruitment request form and return it to our office or you may call the Provider Relations Department for assistance. DDS CareNet will work diligently to recruit your provider.

Date:

Member/Patient Name:

Member ID Number:

Employer:

Member Phone Numbers: (hm)

(wk)

(1) Provider Name:

Specialty:

Address:

Address:

Phone:

(2) Provider Name:

Specialty:

Address:

Address:

Phone:

(3) Provider Name:

Specialty:

Address:

Address:

Phone:

Upon completion please forward to:

DDS CareNet
Attn: Provider Relations Department
300 Corporate Parkway
Amherst, NY 14226-9501

Or fax to (716) 319-5708

Or contact the DDS CareNet Provider Relations Department with your request using our toll free number (866) 813-5299