



SmileMax[®] Provider Nomination Form

If you wish to nominate a particular general dentist or specialist for the SmileMax[®] dental network, please complete this form and mail, fax or e-mail your nomination to:

Careington International
c/o Provider Relations
7400 Gaylord Parkway
Frisco, TX 75034

Fax: 800-247-4450
E-mail: provider@careington.com

Group Name: _____

Your Name: _____ **Date:** _____

Name of Provider: _____

Please circle one of the following: **General Dentist** **Specialist**

Street: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: (_____) _____ - _____

Comments: _____

We will make every attempt to contact your nominated provider within 74 hours of receipt of this nomination.

Your time and assistance in completing this form is appreciated and will help us to provide you with the provider access you deserve. Thank you for submitting this nomination.